

ADMINISTRATION  
BOX 480  
LA RONGE, SK.  
S0J 1L0  
PHONE: (306) 425-2183  
FAX: (306) 425-5559



# Lac La Ronge Indian Band

## APPLICATION FOR COVID VACCINE INCENTIVE

NAME OF APPLICANT: \_\_\_\_\_ STATUS NUMBER: 353 \_\_\_\_\_

EMAIL ADDRESS OR PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_ TREATY NO. 353 \_\_\_\_\_

NAME(S) OF DEPENDENT(S) 12 YEARS OF AGE & OLDER; DATE OF BIRTH; STATUS NUMBER:

1. \_\_\_\_\_ DOB: \_\_\_\_\_ (YY/MO/DY); 353 \_\_\_\_\_
2. \_\_\_\_\_ DOB: \_\_\_\_\_ (YY/MO/DY); 353 \_\_\_\_\_
3. \_\_\_\_\_ DOB: \_\_\_\_\_ (YY/MO/DY); 353 \_\_\_\_\_

CONFIRMATION OF VACCINATION (2 DOSES) is a COPY of the 'COVID-19 Proof of Vaccination' certificate from Saskatchewan Health Authority and must be attached for each person listed on the form.

**DEADLINE TO RECEIVE VACCINE INCENTIVE IS DECEMBER 31-2021.**

**PLEASE FAX TO: 1-306-425-5559**

**OR EMAIL TO: [FINANCE@LLRIB.CA](mailto:FINANCE@LLRIB.CA)**

*The payments will be sent out by mail.*

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### OFFICE USE ONLY:

VERIFIED BY: \_\_\_\_\_

**Code: 10-71312-247**

AMOUNT: \$ \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

DATE MAILED: \_\_\_\_\_