

Northern Arapaho Vaccinated Incentive Program

Who can apply:

- Enrolled N.A.T. members who are fully vaccinated.
- Enrolled N.A.T. minor children who are fully vaccinated ages 12-17

Required Identification & form(s): **Required for all applicants & minors.*

Tribal ID Driver's License/State ID
with
Certificate Of Indian Blood.

CDC Covid-19 Vaccination Record Card

Custody order (If applicable)

Ways to submit application: *(pictures of the application will NOT be accepted.)*

In person at: **Wind River Hotel & Casino** *(Little Wind Loans Office) 9am to 5pm M-F*
Scan & email to: toldman@windriverhotelcasino.com / moldman@littlewindloans.com
Mail: **Little Wind Loans**
 Attn: NAT Vaccine Incentive Program
 P.O. Box 1958 Riverton, WY. 82501
Fax: **1-866-602-2887** *(please fax all required documents in one fax transaction.)*

All applications submitted are FINAL, NO changes will be accepted.

N.A.T.V.I.P check policy:

NAT members may request a check to be reissued however, the N.A.T.V.I.P. will approve or disapprove a check reissuance. **105 days** from the day the check was issued before a check will be reissued. Checks can be reissued due to the following:

- **Never received check**
- **Lost Check**
- **Incomplete or incorrect mailing address**
- **Change mailing address due to moving**

At this time, N.A.V.I.P. is actively working to process all received applications. Our support center may be reaching out to applicants for additional information, if required, to ensure the highest likelihood of a successful, compliant application. To maintain security of your data, we will be asking you to verify the information on your application. Please note if we do not receive the information required, there is a risk that your application will not be processed. NATVIP program is not first come first served, which means every application will be provided equal consideration. With an initiative of this magnitude, there will be issues that come up and it will take some time to resolve those issues. Please be patient and please be respectful to everyone.

We appreciate your patience and cooperation as we complete this process. Thank you!

Northern Arapaho Vaccinated Incentive Program 2021

Cell: 307-851-6248 ▪ Cell: 307-851-6574 | Fax # 1-866-602-2887 |
Email: toldman@windriverhotelcasino.com, moldman@littlewindloans.com

Date: _____

*Name of Applicant: _____

*Enrollment Number: 281-U _____

*Date of Birth: _____

*Mailing Address: _____

*City: _____ *State: _____ *Zip code: _____

*Contact Information:

*Phone #: _____ Cell #: _____

*Message #: _____ Email #: _____

** Application might be delayed if need additional information and no active contact numbers.*

GENERAL DELIVERY addresses will **NOT** be accepted.
ALL APPLICATIONS SUBMITTED ARE **FINAL**,
NO changes to application will be accepted.

****ALL CHECKS WILL BE MAILED; NO CHECKS WILL BE PICKED UP IN PERSON****

Parents, please list **enrolled children's names & **enrollment numbers** who are currently in your custody.*

*Only the parent/guardian who has current custody or parent who receives the child's per capita can submit the application on the minor's behalf.
Children ages 12 to 17 who are fully vaccinated are eligible for the N.A.T. vaccinated Incentive program.*

I give permission to the Northern Arapaho Tribe to provide my application to Little Wind Loans so I may receive COVID-19 aid funds. I declare that I am an enrolled member of the Northern Arapaho Tribe and 18 years of age or older. I hereby certify that I have been negatively impacted by COVID-19 in ways that have caused or may cause myself and members of my household to need assistance. I also certify that the above information is true and correct and if requested by the Northern Arapaho Tribe, I can provide documentation in support of my statement of need. I also certify that I am the individual listed on this application to receive COVID-19 aid funds. I understand that if any of this information is false, that I can be held liable to return any aid payments received.

*Signature: _____ *Date: _____

Office use only

Received By: _____ Date: _____

Intake specialist

Comments:

INV. # _____

By: _____

Custody order: Yes No