

ADMINISTRATION
BOX 480
LA RONGE, SK.
S0J 1L0
PHONE: (306) 425-1165
FAX: (306) 425-5559



Lac La Ronge Indian Band

APPLICATION FOR COVID VACCINE INCENTIVE

NAME OF PARENT/CAREGIVER: _____ STATUS NUMBER: 353 _____

EMAIL ADDRESS OR PHONE NUMBER: _____

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 _____
4. _____ DOB: _____ (YY/MO/DY); 353 _____
5. _____ DOB: _____ (YY/MO/DY); 353 _____

CONFIRMATION OF VACCINATION MUST BE ATTACHED WITH THIS FORM FOR EACH PERSON LISTED ABOVE (PICTURE OF VACCINE CERTIFICATE ISSUED FROM SHA OR JBC)

DEADLINE TO RECEIVE VACCINE INCENTIVE IS DECEMBER 31-2021.

PLEASE FAX TO: 1-306-425-5559

OR EMAIL TO: FINANCE@LLRIB.CA

OR DROP OFF AT BAND OFFICE RECEPTION.

OFFICE USE ONLY:

VERIFIED BY: _____

AMOUNT: \$ _____

DATE: _____