



**Rosebud Sioux Tribe
Health Administration
227 North BIA 9 – Soldier Creek Road
PO BOX 719
Rosebud, SD 57570-0719
W: (605) 747-5100
F: (605) 747-5412**



Health Administration Office is now accepting applications for:

- 1.) First and second vaccination incentive
- 2.) Booster vaccination incentive
- 3.) Children's first and second vaccination incentive and booster vaccination incentive
- 4.) Second booster vaccination – You must be 50 or older or immunocompromised - you will need a medical document stating you need the second booster

All applications received after May 31, 2022 will start being processed on July 1, 2022.

Off-reservation applications can be turned in, mailed or faxed to Health Administration. Our office hours are Monday thru Friday 8am to 5pm. Applications can be found on the Rosebud Sioux Tribe website at www.rosebudsiouxtribe-nsn.gov, the Health Admin Facebook page or the Health Administration Office.

Any questions or concerns, the best number to call is Health Administration's, at (605) 747-5100.

Rosebud Sioux Tribe- Health Administration
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PO BOX 719
Rosebud, SD 57570-0719 605-747-5100
605-747-5412 Fax



COVID 19 2nd BOOSTER FORM

Please allow 2-4 weeks for processing-print clearly

Name: _____ Enrollment #: _____
DOB: _____ Phone: _____ Community: _____
Mailing Address: _____

Required documents for all applicants: Tribal Abstract & Proof of FULL Vaccination (Card)

**IF APPLICABLE 50 YRS & OLDER OR WITH IMMUNOCOMPROMISED
MEDICAL CONDITIONS (Verification from medical doctor)**

FULL NAME	DOB	ENROLLMENT #

By signing this form, I give the RST Health Administration permission to use the information provided to verify my vaccination status and tribal member status to process the vaccination incentive payment.

Signature: _____ Date: _____

FOR OFFICE USE ONLY!

TRIBAL ABSTRACT/ID	YES	NO
VACCINATION CARD	YES	NO
DATE RECEIVED		
VERIFIED BY:		

***DISCLAIMER**

The RST Health Administration will use the personal identifying information you provide on this form to verify your vaccination status and tribal member status in order to process your vaccination booster incentive payment. Your personal information entered on this form will not be used for any other purposes. If you have any questions or concerns, please contact the RST Health Administration at 605.747.5100

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COVID 19 BOOSTER FORM

Please allow 2-4 weeks for processing-print clearly

Name: _____ Enrollment #: _____

DOB: _____ Phone: _____ Community: _____

Mailing Address: _____

Required documents for all applicants: Tribal Abstract/ID & Proof of FULL Vaccination (Card)

IF APPLICABLE (12 YRS OR OLDER):

CHILDS FULL NAME	DOB	ENROLLMENT #

By signing this form, I give the RST Health Administration permission to use the information provided to verify my vaccination status and tribal member status to process the vaccination incentive payment.

Signature: _____ Date: _____

FOR OFFICE USE ONLY!

TRIBAL ABSTRACT/ID	YES	NO
VACCINATION CARD	YES	NO
DATE RECEIVED		
VERIFIED BY:		

***DISCLAIMER**

The RST Health Administration will use the personal identifying information you provide on this form to verify your vaccination status and tribal member status in order to process your vaccination booster incentive payment. Your personal information entered on this form will not be used for any other purposes. If you have any questions or concerns, please contact the RST Health Administration at 605.747.5100



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F: (605) 747-5412



COVID-19 VACCINATION FORM

****PLEASE ALLOW 4-6 WEEKS FOR PROCESSING** PLEASE CLEARLY PRINT****

Name: _____ Enrollment #: _____
DOB: _____ Phone: _____ Community: _____
Mailing Address: _____

Required Documents for ALL Applicants:

-Tribal Abstract or ID -Covid-19 Vaccination card or Proof of Full Vaccination

IF Applicable (12 years old or older):

Child's Full Name	DOB	Enrollment #

By signing this form I give the RST Health Administration permission to use the information provided to verify my vaccination status and tribal member status to process the vaccination incentive payment.

Signature: _____ Date: _____

**** Office Use Only (Application Must Be Complete to Accept) ****

Tribal Abstract or ID:	Yes	No
Vaccination Card or Proof of Full Vaccination:	Yes	No
Date Received (Initial):		



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