

CORONAVIRUS EMERGENCY SOLUTIONS GRANT PROGRAM

VACCINE INCENTIVES FORM

Client Name or ID: _____

Agency Name: _____

Continuum of Care (CoC): _____ City: _____ State: ___ Zip: _____

Record of First Vaccine Dose and Incentive Payment

Please indicate the vaccine type, date of vaccination, and the vaccination site for the first dose that the client received. If the client is seeking payment for this dose, mark the amount paid (no more than \$50 per dose) and date of payment for the dose. The staff member will need to verify that the dose was administered by marking one of the two options below the table. The staff member will need to sign below for to certify that the information provided is accurate. **If the client is not seeking incentive for a first dose of the vaccine, skip this page.**

Dose	Vaccine Type	Vaccination Date	Vaccination Site	Amount Paid	Paid Date
1					

Verification Type (check one):

Witnessed by Staff

Official CDC Vaccine Card

By signing below, I certify that:

- The client is eligible to receive this incentive payment under the ESG-CV program; and
- The client has verbally verified that they have not received any other vaccine incentives for this dose; and
- To the best of my knowledge, there are no other vaccine incentives available to the client in their community; and
- To the best of my knowledge, the information provided to me by the client is accurate; and
- I did either witness an official CDC Vaccine Card certifying this dose was administered to the individual or personally witnessed the administration of the dose to the client in-person.

Staff Signature: _____

Printed Name: _____ Date: _____

Record of Second Vaccine Dose and Incentive Payment (if applicable)

Please indicate the vaccine type, date of vaccination, and the vaccination site for the second dose that the client received (if applicable). If the client is seeking payment for this dose, mark the amount paid (no more than \$50 per dose) and date of payment for the dose. The staff member will need to verify that the dose was administered by marking one of the two options below the table. The staff member will need to sign below for to certify that the information provided is accurate. **If the client is not seeking incentive for a second dose of the vaccine, skip this page.**

Dose	Vaccine Type	Vaccination Date	Vaccination Site	Amount Paid	Paid Date
2					

Verification Type (check one): Witnessed by Staff Official CDC Vaccine Card

By signing below, I certify that:

- The client is eligible to receive this incentive payment under the ESG-CV program; and
- The client has verbally verified that they have not received any other vaccine incentives for this dose; and
- To the best of my knowledge, there are no other vaccine incentives available to the client in their community; and
- To the best of my knowledge, the information provided to me from the client is accurate; and
- I did either witness an official CDC Vaccine Card certifying this dose was administered to the individual or personally witnessed the administration of the dose to the client in-person.

Staff Signature: _____

Printed Name: _____ **Date:** _____

Vaccine and Testing Transportation

Please indicate any transportation service provided to the applicant to and/or from vaccination and/or testing sites below. Indicate the date they traveled, the type of transportation (public, agency vehicle, staff vehicle), whether or not they were accompanied by a staff member or not, where they departed from, where they arrived at, and whether they were tested or vaccinated at the site. If they went to a vaccination site and then back, the two trips need to be listed on separate lines. The staff member will need to verify that the transportation was for vaccination or testing purposes by marking one of the three options in the table below. The staff member will need to sign below for to certify that the information provided is accurate. **If the client was not provided any transportation for testing or vaccination, skip this page.**

Date	Type of Transportation	Accompanied by Staff	Departure Location	Arrival Location	Tested or Vaccinated

Verification Type (check one):

Accompanied by Staff

Official CDC Vaccine Card

Testing Paperwork

By signing below, I certify that:

- The client is eligible to be transported under the ESG-CV program; and
- To the best of my knowledge, the information provided to me from the client is accurate; and
- I either witness an official CDC Vaccine Card certifying a dose was administered to the client, paperwork or electronic files showing that the client was tested for coronavirus, or personally witnessed the administration of the vaccine or test to the client in-person.

Staff Signature: _____

Printed Name: _____ **Date:** _____

Client Eligibility

If the client (1) received either Vaccine Incentives, Vaccine and Testing Transportation, or both and (2) has received no other ESG-CV services from the agency, then this page (CV-218) may be used in place of the CV-104 and CV-108 forms. **If a CV-104 and CV-108 have already been completed for the client, skip this section.** The client must meet one of HUD’s definitions of homelessness to be eligible for Vaccine Incentives or Vaccine and Testing Transportation. Indicate below which of category the client qualifies under. Next, indicate the type of verification that was used for confirming their housing status. Finally, the staff member and client must sign below.

Housing Status Category (check one):

- Unsheltered Homeless (as defined under 24 CFR 576.2)
- Literally Homeless (as defined under 24 CFR 576.2)
- At-Risk of Homelessness (as defined under 24 CFR 576.2)
- Fleeing/Attempting to Flee Domestic Violence (as defined under 24 CFR 576.2)

Housing Status Verification:

Third-Party Verification - If obtainable, check the box for this category, attach a copy of the proof to the back of this form, and describe the client’s housing status. If not, please explain what efforts were made by the agency to obtain third-party verification and proceed to the next question.

Staff Observation Verification - If obtainable, check the box for this category and describe the client’s housing status. If not, please explain what efforts were made by the agency to obtain staff observation verification and proceed to the next question

Self-Certification - If neither Third-Party nor Staff Observation Verification were obtainable, check the box for this category and describe the client’s housing status based on their description.

Staff Signature

By signing below, I certify that:

- To the best of my knowledge, the information provided to me from the client is accurate; and
- The program participant meets all requirements to receive assistance under the ESG-CV program; and
- To the best of my knowledge, neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination; and
- I understand that fraud is investigated and may be punished under federal laws to include, but not limited to, 18 U.S.C. 1001 and 18 U.S. C. 641; and
- I understand that if any of these certifications is found to be false, I will be subject to criminal, civil, and administrative penalties and sanctions.

Signature: _____

Printed Name: _____ **Date:** _____

Client Signature

If the client’s Housing Status is **Unsheltered Homeless, Literally Homeless, or At-Risk of Homelessness**, then they should sign under this section. If the client’s housing status is **Fleeing/Attempting to Flee Domestic Violence**, then they should sign under the **Category 4 Client Signature** section on the following page instead.

By signing below, I certify that:

- I have insufficient financial resources and support networks, e.g., family, friends, faith-based, other social networks, immediately available to obtain housing or to attain housing stability without ESG-CV assistance; and
- I certify that the information above and any other information I have provided in applying for ESG-CV assistance is true, accurate and complete; and
- I hereby authorize the Agency to share all of my personal information with MHDC for the limited purposes of proving that I qualify to receive assistance administered by MHDC and ensuring that the Agency is in compliance with the rules and requirements associated with the funds from MHDC.

Signature: _____

Printed Name: _____ **Date:** _____

Category 4 Client Signature

If the client’s housing status is **Fleeing/Attempting to Flee Domestic Violence**, then they should sign under this section. If not, this page does not need to be filled out and can be excluded from the clients CV-218 form.

By signing below, I certify that:

- I have insufficient financial resources and support networks, e.g., family, friends, faith-based, other social networks, immediately available to obtain housing or to attain housing stability without ESG-CV assistance; and
- I certify that the information above and any other information I have provided in applying for ESG-CV assistance is true, accurate and complete; and
- I hereby authorize the Agency to share un-identifying information with MHDC and its Auditors for the limited purposes of proving that I qualify to receive the assistance administered by MHDC and ensuring that the Agency is in compliance with the rules and requirements associated with the funds from MHDC.

Printed Unique Identifier: _____

Initials: _____ **Date:** _____