



# Hopland Band of Pomo Indians

Health and Social Services Department  
3000 Shanel Rd., Hopland, California 95449  
Phone (707) 472-2100 Fax (707) 462-2729  
[www.hoplandtribe.com](http://www.hoplandtribe.com)

## COVID -19 PROOF OF FULL VACCINATION

PACKET MUST BE LEGIBLE AND COMPLETED ENTIRELY  
TO RETURN BY EMAIL: [kcastorena@hoplandtribe.com](mailto:kcastorena@hoplandtribe.com)  
[avargas@hoplandtribe.com](mailto:avargas@hoplandtribe.com)  
BY FAX: 707-462-2729  
BY MAIL: HSSD, 3000 SHANEL RD., HOPLAND, CA 95449

### APPLICANT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Roll #: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ The Hopland Band of Pomo Indians reserves the right to evaluate and approve services based on available funding and funding requirements.

\_\_\_\_\_ I, under penalty of perjury, certify the foregoing statements above are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### EMPLOYEE USE ONLY:

Gift Card #: \_\_\_\_\_

Staff Initials: \_\_\_\_\_