



Client #: _____

Hoplend Band of Pomo Indians

3000 Shanel Rd., Hopland, California 95449 Phone (707) 472-2100 Fax (707) 744-1506

COVID -19 EMERGENCY SERVICE REQUEST

APPLICATION MUST BE LEGIBLE AND COMPLETED IN ITS ENTIRETY.

RETURN ONLY BY EMAIL OR FAX TO: avargas@hoplandtribe.com
lwant@hoplandtribe.com

FAX: (707) 462-2729

Application Date: _____

APPLICANT INFORMATION		
Name:	DOB:	Roll #:
Physical Address:		
Mailing Address:		
Email:	Phone #:	

Have you, a family member, or a member of the household tested positive with COVID-19 and needs to be in isolation? Please provide proof of positive test. _____ YES _____ NO

Isolation **Start Date:** _____ **End Date:** _____

How many tribal members within the household need assistance? _____

OFFICE USE ONLY	
Gift Card #:	Staff Initials:

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

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

Signature

Date

Sonny J. Elliott Sr.
Chair

Diana Billy-Elliott
Vice Chair

Suzanne T. Romero
Secretary

James Alfaro
Treasurer

Steven Elliott
Council Member

Brian Yopez
Council Member

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Council Member