



SHORT TERM EMERGENCY SUPPORT:
HOTEL, AIRBNB, OR BNB REQUEST AND ATTESTATION

Southern California Wildfire Assistance – 2018

Deadline for form submission: 2/28/19

Name: _____ Date: _____
Employee/Physician #: _____
Job Title: _____ Department: _____
Work Location & Medical Center: _____
Home Address: _____

Amount Requested: \$_____ (Up to \$250/day for the cost of hotel room(s), AirBnB, or BnB accommodations, up to a maximum of 7 nights)

NOTE: This is reportable income.

This is to certify that I have an immediate need for hotel, AirBnB, or BnB accommodations due to SCAL wildfires of December, 2017, due to:

- Owned or rented primary residence being destroyed or declared uninhabitable
Being under a mandatory evacuation order
Having had a recommendation of evacuation

Please attach applicable receipts if available.

I prefer to pick up the check at (check one):

- Local Human Resources Office
Local Business Office
Local Associate Medical Director Office (Physicians Only)
Other (please specify): _____

I prefer to have the check direct deposited:

checkbox

I prefer to have the check mailed to this address:

Signature _____ Date _____