



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

**Southern California Wildfire Assistance – 2020**

**Deadline for form submission: 11/19/20**

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

Amount Requested: \$ \_\_\_\_\_ (Up to \$250/day for the cost of hotel room(s), AirBnB, or BnB accommodations, up to a maximum of 5 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 2020 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:

I prefer to have the check mailed to this address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Date

**Scan and Email Employee Request Forms to: [deborah.silverman@kp.org](mailto:deborah.silverman@kp.org), Risk Management.  
Physicians may contact Permanente Human Resources Shared Services at 1-877-608-0044 to initiate a Short-Term Hotel, AirBnB, or BnB Request.**