



Craig Tribal Association

Intake Application

Name: _____ Date: _____

More than one person staying? Yes No If Yes, Who? _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Mobile: (____) _____

Age:

≤ 18 19-29 30-40 41-50 51+

Gender:

Male Female

Vaccinated Unvaccinated Wish to not disclose

Service Animal:

Is your animal needed because of a disability? Yes No

What tasks (services) does your animal provide? _____

Please check one of the following:

I am waiting for my test results.

I have been in close contact with a positive case.

I have been tested positive Coronavirus (Covid-19)

Other: _____

I certify that all information is true and complete to the best of my knowledge.

X

Occupant printed name and signature

Date