



LOWER ELWHA KLALLAM TRIBE

ʔéʔx^waʔ nəx^wsłáyəm' "Strong People"

2851 Lower Elwha Road
Port Angeles, WA 98363

(360) 452-8471
Fax: (360) 452-3428

COVID-19 Health and Wellness 12 Visit Pool Pass NEEDS ASSESSMENT

Name: _____
(First Name, Middle Name, Last Name)

Address: _____

Phone Number: _____

Due to COVID-19 my family/I has/have the need for a pool pass in recovery of the global pandemic and mental health wellness need:

- | |
|--|
| 1. <input type="checkbox"/> Family Pool Pass 12 visit (up to 10 in the same household) |
| 2. <input type="checkbox"/> Adult 12 visit pool pass |
| 3. <input type="checkbox"/> Elder 12 visit pool pass |

This request is to support: <i>Check all that apply</i> <input type="checkbox"/> Mental health self-care <input type="checkbox"/> Wellness <input type="checkbox"/> Exercise
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I, _____ (Print Name Clearly) hereby certify that I am a member of the Lower Elwha Klallam Tribe or a first generation Lower Elwha Klallam Tribal descendant and I am not enrolled in another tribe, I live in the LEHD service area, and I am 18 years of age or older.

(Signature)

(Date)