



Bad River Health and Wellness Center

53585 Nokomis Road
Ashland, WI 54806-4272

Clinic Administration
Phone: 715.682.7137
Fax: 715.685.7857
Main Clinic: 715.682.7133

Date of Application

First Name	Middle Initial	Last Name		Suffix
Maiden Name (If Applicable)	Tribal ID		Date of Birth	
Physical Address	City	State	Zip Code	County
Mailing Address	City	State	Zip Code	Check here if Physical and Mailing Address is the SAME <input type="checkbox"/>
<p>If you are currently a person without housing a check will be issued to you with the Health and Wellness Center physical address and will need to be picked up in person on a designated date. If this fits your current situation, check here. <input type="checkbox"/></p>				

By signing this form, I am certifying the information provided is correct. My signature also authorizes a representative of the Bad River Health and Wellness Center to verify my immunization record with the Wisconsin Immunization Registry (WIR).

In compliance with HIPAA Privacy Act; protected health information (PHI) regarding my participation in COVID-19 vaccination incentive for the purpose of reporting to the Bad River Health & Wellness Center my COVID-19 vaccination status.

I am willingly authorizing the release of the described protected health information. I understand that I am under no legal obligation to release this protected health information, although by refusal may result in my being denied participation in the COVID-19 vaccination incentive program.

I understand that I may revoke this authorization at any time. This authorization, unless revoked, will be valid for one year.

Signature

Date

If applicant is minor. I certify I am an authorized signature for this minor child.

Print Name

Relationship

Internal Use Only

	Date	Signature
Tribal ID Verified		
Proof of Residency		
Vaccination Verified		