Sample Letter for Caregivers

**Instructions**: This is an example letter to be filled out for a caregiver to indicate their eligibility to receive the COVID-19 vaccination. Replace the highlighted sections below with the appropriate information. This letter should be printed on your organization’s official letterhead.

[INSERT Letterhead]

*Date:*

*To Whom it May Concern:*

*[INSERT Caregiver’s full name] is a primary caregiver for a person with complex medical needs, providing vital in-home services and supports for [INSERT details here].*

*As a result of the Minnesota Department of Health’s designation of unpaid health care workers as part of phase 1a, third priority group for COVID-19 vaccination in our state, this person is eligible to receive COVID-19 vaccine.*

*For information about local options for vaccination, home care workers should sign up with the* [*Vaccine Connector (mn.gov/covid19/vaccine/connector/connector.jsp)*](https://mn.gov/covid19/vaccine/connector/connector.jsp)*.*

*Because there is no employer to speak for them, I am providing this letter to attest that they are currently providing unpaid home health care services and therefore are eligible to vaccination as part of Minnesota’s phase 1a.*

*If you have any questions, please contact me at [INSERT contact information here].*

*Sincerely,*

*[INSERT name of doctor or other party]*