

[Date]

Subject: Essential Health Care Support Staff

To Whom It May Concern,

_____ is employed as a(n) _____ at _____ and is responsible for providing **essential support** to the company's caregivers and pharmacists who provide care and medications for nursing home and assisted living residents, adults with intellectual and developmental disabilities, and other medically complex patients and high-risk elderly members of the community. As a result, our staff will be commuting to and from work.

We provide regular and comprehensive COVID-19 updates including municipal, state and national recommendations, directives, orders, and mandates. As such, our staff is knowledgeable of all infection control and social distancing guidelines related to the COVID-19 Pandemic.

If there are any questions or concerns, please do not hesitate to contact our office at _____.

Thank you for your commitment to assisting and supporting these individuals as they perform an essential public health function.

Sincerely,

Executive Director

Address