



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

January 8, 2021

TO: COVID-19 Vaccine Provider

FROM: Bill Moss, Assistant Secretary
Aging and Long-Term Support Administration

SUBJECT: Verification of status as a Long-Term Care Worker

This letter verifies that the bearer of it is a Washington State Long-Term Care Worker contracted by the Washington State Department of Social and Health Services or a Home Care Agency. This individual is Phase 1A eligible for the COVID-19 vaccine based on Washington State Department of Health Interim COVID-19 Vaccine Prioritization Guidance, available at <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/VaccineAllocationPhase1A.pdf>.

- High-risk workers in healthcare settings, including first responders, who are at high risk of acquisition given setting and nature of work**
- Workers with elevated risk of acquisition/transmission with populations at higher risk of mortality or severe morbidity**

Please accept this verification letter and administer the vaccine.

Sincerely,

Bill Moss, Assistant Secretary
Aging and Long-Term Support Administration
Department of Social and Health Services
Transforming Lives