



Attestation Letter – Family Caregivers

Subject

Eligibility of Family Caregivers to receive COVID-19 Vaccine as Healthcare Workers (Phase 1a)

Background

Effective February 4, 2021, family caregivers for people with certain disabling conditions are eligible to receive COVID-19 vaccine as “healthcare workers” in California. People with certain disabling conditions are at higher risk of severe disease or death if they catch COVID-19. Vaccination of family caregivers will protect the caregiver from infection and may in this way reduce the chance that the disabled person will be exposed to COVID-19. For more information about disabling medical conditions that increase risk for severe COVID-19, please see CDC guidance [here](#).¹

The California Department of Developmental Services has issued a [letter](#)² verifying the classification of family caregivers as “health care workers” pursuant to the [State of California’s Vaccination Plan](#). The California Department of Public Health has prioritized this population for [vaccination](#). These family caregivers are therefore eligible for COVID-19 vaccination in Phase 1a.

Family members who do not provide direct care to the disabled individual do not qualify as “healthcare workers” and should receive COVID-19 vaccine whenever they become eligible under another priority tier.

Please note: DDS and CDPH did not name autism as a condition that would qualify family caregivers for COVID-19 vaccination. In the absence of another qualifying condition, individuals with autism spectrum disorders are not thought to be at higher risk for severe COVID-19 disease and therefore this condition does NOT make family caregivers eligible for COVID-19 vaccine in Phase 1a.

¹ https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html

² https://www.dds.ca.gov/wp-content/uploads/2021/01/COVID-19VaccinePhase1ALetter_FamilyMembers_01132021.pdf



**Alameda County Health Care Services Agency
Public Health Department**
www.acphd.org

Colleen Chawla, Director
Kimi Watkins-Tartt, Director
Nicholas Moss, MD, Health Officer

Public Health Department: Main Line (510) 267-8000

COVID-19 Information: (510) 268-2101



Healthcare Provider’s Attestation

By signing below, I attest that _____
Name and Date of Birth

has the following disabling medical condition(s) and requires routine, hands-on care that cannot be delivered in a socially distanced manner. For this reason, the family caregiver(s) should be vaccinated as Health Care Worker(s). (Check all that apply.)

- Down syndrome
- Cerebral Palsy
- Epilepsy
- Specialized health care needs, including dependence upon ventilators, oxygen and other technology (explain below)

Family caregiver(s) for this individual are listed below. This list includes **only** persons who provide direct care to the person with the disabling condition named above:

Name and Date of Birth

Name and Date of Birth

Name and Date of Birth

Name and Date of Birth

Sincerely,

Signature of healthcare provider

Date

Printed name/Credential (MD, DO, NP, PA-C, RN, PHN, PT, OT, Regional Center Case Manager or provider, or CCS Case Manager)

Healthcare Provider Phone Number