DATE

Dear Employer/Participant,

You are receiving this communication because your employee may be eligible for vaccination based on criteria outline by the state of MN under **QUALIFYING FACTOR 1A.**

Phase 1a Priority Three includes health care personnel who work in Home Health Settings, including:

* Personal Care Assistant (PCA)
* Personal Support staff
* Direct Care staff
* Paid parent of a minor/paid spouse

Phase 1a Priority Three includes staff working with individuals using Consumer Directed Services (CDS) and employed through a Financial Management Service (FMS).

Your employee may be required to provide employment verification. A template is enclosed. Follow these instructions to complete the document:

* Input your name and address where indicated.
* In the first paragraph, in the sentence beginning with “The employee,” input YOUR NAME in the blank provided.
* In the final sentence, input YOUR NAME in the blank after “please contact”
* In the final sentence, input YOUR preferred contact means in the blank following, “at”. This could be your phone number, or an email address.

You do not need to contact Acumen to provide additional verification of employment, as you are the Employer of Record.

Respectfully,

Acumen Fiscal Agent