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GAVIN NEWSOM
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January 6, 2022

TO: IN-HOME SUPPORTIVE SERVICES (IHSS) AND WAIVER
PERSONAL CARE SERVICES (WPCS) PROVIDERS

SUBJECT: COVID-19 VACCINE REQUIREMENTS

You are receiving this letter because the new Public Health Order issued on December 22, 2021 requires certain In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) providers to be **fully vaccinated and boosted** with the COVID-19 vaccine as described in the chart below.

Type of Vaccine	When to Get Booster Dose
Moderna or Pfizer	6 months after 2 nd dose
Johnson & Johnson or Janssen	2 months after 1 st dose

The Public Health Order states those eligible for the vaccine booster must obtain the shot by February 1, 2022. IHSS providers not yet eligible for boosters must get their shot no later than 15 days after the recommended timeframe above for receiving the booster dose. If you live with your recipient(s) and/or provide services to a family member(s), and provide services to no one else, you are not impacted by this Public Health Order.

You must get vaccinated if you are a non-live-in provider who provides services to a recipient who is not your family member. By receiving this letter, you have been identified by the California Department of Social Services as a provider who is required to be vaccinated.

You may be exempted from the vaccine requirement if you have a Qualified Medical Reason or for your Religious Beliefs. To be exempted, you must provide your recipient the attached *COVID-19 Vaccination Exemption Form*, requesting an exemption from the COVID-19 vaccine requirement, and provide the reason. To be eligible for the Qualified Medical Reason Exemption, you must include a written statement with the form, signed by your doctor, nurse practitioner, or other licensed medical professional stating that you qualify for the exemption. The statement should not describe any underlying medical condition or disability but must indicate how long the exemption from the vaccine is expected to last.

If your recipient finds that you meet the requirements of an exemption, instead of getting the vaccine, you must obtain a weekly COVID-19 test, until vaccinated, and, wear a surgical mask or higher-level respirator, **at all times**, while providing services in a recipient's home. Providers may use IHSS Sick Leave for vaccination appointments.

You are required to maintain your own records of vaccination, or COVID-19 test results if applicable, and must provide them if asked by your recipient. Additionally, if you test positive for COVID-19 you should not be providing IHSS/WPCS services for any recipient. You should contact your IHSS recipient(s) immediately and let them know you are unavailable.



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COVID-19 Vaccination Exemption Form

Provider Name (Print):
Provider Number (9 digits):

Pursuant to State of California Public Health Officer Order dated December 22, 2021, the California Department of Public Health (CDPH) is mandating that all employees who provide In-Home Supportive Service (IHSS) or Waiver Personal Care Services (WPCS) must be fully vaccinated and boosted for COVID-19. Those eligible for the vaccine booster must obtain the shot by February 1, 2022. IHSS providers not yet eligible for boosters must get their booster shot no later than 15 days after the recommended timeframe for receiving the booster dose.

Vaccine Declination

- I am excused from receiving a COVID-19 vaccine for a qualifying medical reason. **NOTE:** To be eligible for this exemption, I understand that I must also obtain a written statement signed by a **physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician**, stating that I qualify for the exemption (but the written statement should not describe the underlying medical condition or disability) and indicating the probable duration of my inability to receive the vaccine (or if the duration is unknown or permanent, so indicate).
- Religious Belief Accommodation: I have a sincerely held religious belief, practice, or observance that prevents me from receiving any of the COVID-19 vaccines.

Signature and Attestation

I understand that, if I meet the requirements of a religious or medical exemption, I will be subjected to mandatory weekly COVID-19 testing and I will wear a surgical mask or higher-level respirator approved by the National Institute of Occupational Safety and Health (NIOSH), such as an N95 filtering facepiece respirator, consistent with the December 22, 2021 CDPH Public Health Order.

By signing below, I hereby declare and acknowledge that I have read and fully understand the information in this exemption form and certify under penalty of perjury that the information I have provided in this exemption form is true and correct.

Signature: _____

Date: _____

Please retain this form for your records. You must provide this form to your recipient upon request.