

INDIVIDUALS WITH HEALTH CONDITIONS AND DISABILITIES

People 16-64 years old who have certain health conditions and disabilities that put them at higher risk for serious COVID-19 illness.

NOTE: To protect confidentiality, verification documentation of the diagnosis or type of disability is not required. Anyone meeting the eligibility requirements may be asked to sign a self attestation.

updated 3/15/21

ELIGIBLE - YES	NOT ELIGIBLE - NO
Cancer , current with weakened immune system	
Chronic kidney disease , stage 4 or above	
Chronic pulmonary disease (COPD) , oxygen-dependent	
Down syndrome	
Solid organ transplant , leading to a weakened immune system	
Pregnancy	
Sickle cell disease	
Heart conditions , such as heart failure, coronary artery disease, or cardiomyopathies (but not hypertension)	
Severe obesity (Body Mass Index of 40 or greater)	
Type 2 diabetes mellitus with hemoglobin A1c level greater than 7.5%	
People, who, as a result of a developmental or other significant high-risk disability , meet one of more of the following criteria:	
> A COVID-19 infection is likely to result in severe life-threatening illness or death; OR	
> Acquiring COVID-19 will limit the individual's ability to receive ongoing care or services vital to their well-being and survival; OR	
> Providing adequate and timely COVID care will be particularly challenging as a result of the individual's disability.	
These 3 criteria include people with a range of physical and behavioral disabilities, including...	
> Individuals with severe behavioral health issues and Substance Use Disorders	
> Enrolled consumers of...	
- Regional Centers	
- Independent Living Centers	
- In-Home Supportive Services	
- Community-based Adult Services	
- Medi-Cal HIV/AIDS Waiver	

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ELIGIBLE - YES

NOT ELIGIBLE - NO

- Medi-Cal Home and Community-Based Alternatives (HCBA) Waiver
- Medi-Cal Assisted Living Waiver (ALW)
- Program for All-Inclusive Care for the Elderly (PACE)
- California Children's Services (CSS) Program
(if the child is 16-21 years old)
- California Genetically Handicapped Persons Program (GHPP)



I attest that:

- I have a medical condition or disability that makes me eligible for the COVID-19 vaccine
- I am experiencing homelessness in Los Angeles County and currently stay in a shelter or may transition into a shelter or congregate living setting

I live or work in a high risk congregate setting: _____
Facility Name

_____ Facility Address

I work in one of the following sectors (please check one and fill in the information below):

- in the Education and Childcare sector
- onsite in the Healthcare sector
- onsite in the Emergency Services sector
- onsite in the Food and Agriculture sector
- onsite in the Janitorial/Custodial/Maintenance Service sector
- onsite in the Transportation and Logistics sector

And

I am employed as a: _____
Job Title

I work at: _____
School, Business, or Organization Name

_____ School, Business, or Organization Address

Signature: _____

Name: _____

Date: _____

If you do not have access to a printer, this attestation can be written by hand.





Declaro que:

- Tengo una condición médica o discapacidad que me hace elegible para la vacuna contra el COVID-19.
- Me encuentro sin hogar en el condado de Los Ángeles y actualmente me quedo en un refugio o puedo hacer la transición a un refugio o un establecimiento de vida congregada.
- Vivo o trabajo en un centro de vida congregada de alto riesgo:

Nombre del establecimiento

Dirección del establecimiento

Trabajo en uno de los siguientes sectores (marque uno y complete la información a continuación):

- en el sector de la educación y el cuidado infantil
- en un sitio en el sector de cuidado de la salud
- en un sitio en el sector de servicios de emergencia
- en un sitio en el sector de alimentos y agricultura
- en un sitio en el sector de limpieza y mantenimiento
- en un sitio en el sector de transportación y logística

Y

Estoy empleado como: _____
Título profesional

Trabajo en: _____
Nombre de la escuela, negocio u organización

Dirección de la escuela, negocio u organización

Firma: _____

Nombre: _____

Fecha: _____

Si no tiene acceso a una impresora, esta certificación se puede escribir a mano.



ELIGIBILITY DOCUMENTS

In order to be vaccinated, you will need to show:

1. **Proof of identity, and**
2. **Proof that you live or work in LA County, and**
3. **Proof that you are in one of the eligible groups.**

There are many ways to show that you are eligible to be vaccinated. Below, is a list of documents that will be accepted. *This list is not complete and other documents may be accepted.*

You do not need to show government issued ID and you do not need to be a US citizen to get a vaccine.

65+ (Seniors)

Document(s) are needed to show all 3 of the following

(Note: one document may cover more than one requirement e.g. driver's license).

1. **Photo ID** (does not have to be government issued), and
2. **Proof that you live in LA County** and
3. **Proof that you are age 65 or older:**

Examples of proof of age:

- Driving license (foreign Country or expired ID okay)
- California ID card or REAL ID card (from the DMV)
- Medicare card
- Social Security card
- Military ID
- Passport (foreign Country or expired okay)
- Medical document/records from medical provider, clinic, or doctor
- Membership card for a senior's only organization (foreign Country okay if written in English)
- Consular ID (Matricula Consular)
- Any official document that includes name and date of birth

Examples of proof that you live in LA County (must show your name and address):

- Driver's license
- California ID card or REAL ID card (from the DMV)
- Library card
- Postmarked letter
- Utility bill
- Vehicle registration
- Vehicle insurance

- Voter registration confirmation
- Rent receipt or lease or letter from landlord
- School or employment document
- Court document
- Law enforcement document (can be from immigration including deportation)
- Tax, Bank or insurance document
- Post Office change of address confirmation
- Letter or document from a Faith-based organization, shelter, non-profit institution with the name/address of issuing organization
- Membership card – Union, YMCA, store club card, fitness center, community or neighborhood association, apartment building association
- Consular ID (Matricula Consular)
- Any employment document from the sectors below (Food and Agriculture, Education and Childcare, Emergency Responder) IF these contain name and **home** address

Second dose: White vaccine record or electronic vaccine record card AND a photo ID

Long Term Care Residents (2nd dose only)

- White vaccine record or electronic vaccine record card AND a photo ID, *or*
- Second dose referral letter AND a photo ID

Healthcare Workers

Document(s) are needed to show all 3 of the following:

(Note: one document may cover more than one requirement e.g. a healthcare worker badge with photo and an LA County workplace would meet all 3 criteria).

- 1. Photo ID** (does not have to be government issued), and
- 2. Proof that you live or work in LA County** (if your other documents do not include your home or work address, see list above for acceptable items), and
- 3. Proof that you are a healthcare worker.**

Examples include:

- Healthcare worker or student badge with photo
- Professional license
- Massage therapist must bring license
- Payment stub from employer with your name
- Letter from a California Regional Center noting that you are a healthcare worker status (letter must include your name and an attestation that the person you care for has a qualifying intellectual or developmental disability as per the Department of Developmental Services (DDS)). Note: medical documentation of the person with the qualifying condition will NOT be accepted.

- Community Health Workers (CHW) and/or associated volunteers: letter from your employer with the name and address of the business or entity that you work for, and an attestation that you are an eligible CHW.
Eligibility for CHW or volunteers include:
 - Currently on staff to conduct COVID-19 outreach in the field to promote COVID-19 safety, do contact tracing, or provide information about the vaccine (excludes staff who are doing virtual outreach only or providing any other type of administrative support for the project)
 - Outreach work in communities with high rates of COVID-19 (i.e., agencies assigned to priority communities with highest rates of COVID-19 by Public Health)
 - Outreach work is aligned when possible to connect with individuals, organizations and communities in proximity to recent COVID-19 outbreaks specifically to link symptomatic or at-risk individuals to care, testing, and vaccination.
(Volunteers must work for at least 20+ hours a week in one of the areas noted above in order to be eligible)

Second dose: White vaccine record or electronic vaccine record card AND a photo ID

Food and Agricultural Workers:

Document(s) are needed to show all 3 of the following:

(Note: one document may cover more than one requirement e.g. if your paystub shows an address in LA County).

1. **Photo ID** (does not have to be government issued), *and*
2. **Proof that you live or work in LA County** (if your other documents do not include your home or work address, see list above for acceptable items, *and*
3. **Proof that you are a food or agricultural worker.**

Examples include:

- Badge with your name and your employer's name
- Payment stub
- California Food Handler card
- Certified Food Protection Manager card
- Current food business operator permits
- Food Handler/Manager card with employer attestation (see below)
- Copy of work shift schedule with your name
- License (state veterinary medical license, registered veterinary technician, other state food business license)
- Attestation letter from your employer that includes your name, and the name and address of the business.
- Attestation letter from you that includes your name, your job title, and the name and address of the business.

- Attestation letter from your Union which includes your name, and the name the name and address of the business
- Attestation letter or attendance sheet from an agency/community-based organization that coordinates day-laborers for work in Food and Agriculture

Second dose: White vaccine record or electronic vaccine record card AND a photo ID

Emergency Services Worker

Document(s) are needed to show all 3 of the following

(Note: one document may cover more than one requirement e.g. a work badge with photo and an LA County workplace would meet all 3 criteria).

1. **Photo ID** (does not have to be government issued), *and*
2. **Proof that you live or work in LA County** (if your other documents do not include your home or work address, see list above for acceptable items), *and*
3. **Proof that you are an emergency service worker.**

Examples include:

- Work badge with photo
- Professional license
- Payment stub with your name
- Attestation letter from your employer which includes your name, and the name and address of the organization.

Second dose: White vaccine record or electronic vaccine record card AND a photo ID

Education Sector

Document(s) are needed to show all 3 of the following:

(Note: one document may cover more than one requirement e.g. a work badge with photo and an LA County workplace would meet all 3 criteria).

1. **Photo ID** (does not have to be government issued), *and*
2. **Proof that you live or work in LA County** (if your other documents do not include your home or work address, see list above for acceptable items), *and*
3. **Proof that you work in the education sector.**

Examples include:

- Work badge with photo
- Professional license
- Payment stub with your name
- Attestation letter from your employer which includes your name, and the name and address of the organization.

Second dose: White vaccine record or electronic vaccine record card AND a photo ID

Early Childhood Education and Childcare Sector

You must bring document(s) to show all 3 of the following

(Note: one document may cover more than one requirement e.g. a work badge with photo and an LA County workplace would meet all 3 criteria). **Private nannies or babysitters are not eligible.**

- 1. Photo ID** (does not have to be government issued), *and*
- 2. Proof that you live or work in LA County** (if your other documents do not include your home or work address, see list above for acceptable items), *and*
- 3. Proof that you work in the early childhood education and childcare sector.**
 - Copy of State of CA License for Center
 - Copy of State of CA License for Family Child Care
 - School District badge
 - Community Care Licensing (Department of Social Services) Badge
 - Copy of Community Care Licensing Division (CCLD) Center license
 - Copy of CCLD family childcare home license
 - Alternative Payment/voucher attendance sheet or invoice
 - City/County Parks and Recreation ID
 - For Administrators and coaches that go into the classroom and provide direct support to ECE providers: Letter signed by director on letterhead which includes name of employee, facility, and facility address
 - Attestation letter from your employer that includes your name, and the name and address of the business.
 - Attestation letter from you that includes your name, your job title, and the name and address of the business.

Second Dose: White vaccine record card or electronic vaccine record AND photo ID

Janitorial, Custodial, and Maintenance Services

You must bring document(s) to show all 3 of the following:

(Note: one document may cover more than one requirement e.g. a work badge with photo and an LA County workplace would meet all 3 criteria).

House cleaners and maids in private residences are not eligible (see eligibility section for more details).

1. **Photo ID** (does not have to be government issued), *and*
2. **Proof that you live or work in LA County** (if your other documents do not include your home or work address, see [list](#) for acceptable items), and
3. **Proof that you work in Janitorial/Custodial services.**
Bring one of the documents from the list below:
 - Union card
 - Work badge with name and photo
 - Paycheck stub with your name
 - Copy of work shift schedule with your name
 - Attestation letter from your Employer which includes your name, and the name and address of the organization (template to fill out on a [computer](#) or by [hand](#)).
 - Attestation letter from your Union which includes your name, and the name and address of the organization (template to fill out on a [computer](#) or by [hand](#)).
 - Attestation from you which includes your name, your job title, and the name and address of the business (Templates available: [English](#) [Spanish](#). If you do not have access to a printer, it can be written by hand)

Second doses only

- White vaccine record card or electronic vaccine record AND a photo ID

Individuals with Health Conditions and Disabilities

You must bring document(s) to show all 3 of the following:

(Note: one document may cover more than one requirement).

1. **Photo ID** (does not have to be government issued), *and*
2. **Proof that you live in LA County** (if your other documents do not include your home address, see [list](#) for acceptable items), and
3. **Proof that you meet the eligibility criteria for high-risk medical conditions or disabilities.**
Bring one of the documents from the list below:
 - A letter from your medical provider, behavioral health provider, or California Department of State Hospitals Conditional Release Program (CONREP) that confirms that you are eligible for vaccination based on your underlying condition or disability (the letter does not need to state the medical condition)

- For Medi-Cal program enrollees - a personalized letter from California Department of Health Care Services (DHCS)
- For IHSS consumers – a personalized letter from California Department of Social Services (DSS)
- For Regional Center consumers – a personalized letter from California Department of Social Services/Regional Centers (DSS)
- For CSS program consumers – a personalized letter from California Children’s Services (CSS)
- An attestation that you sign that states you meet the eligibility criteria for high-risk medical conditions or disabilities. (Templates available: [English](#) [Spanish](#). If you do not have access to a printer it can be written by hand)

People Who Live or Work in Congregate Living Spaces

You must bring document(s) to show all 3 of the following:

(Note: one document may cover more than one requirement).

1. **Photo ID** (does not have to be government issued), *and*
2. **Proof that you live or work in LA County** (if your other documents do not include your home or work address, see [list](#) for acceptable items), and
3. **Proof that you live or work in a congregate living setting.**

Examples include:

- Work badge with photo
- Professional license
- Paycheck stub with your name
- Attestation letter from your employer that includes your name, and the name and address of the organization (template to fill out on a [computer](#) or by [hand](#)).
- An attestation that you sign that states you live in a congregate residential setting or care home or are experiencing homelessness and currently stay in a shelter or may transition into a shelter at short notice. [Templates available: [English](#). If you do not have access to a printer, it can be written by hand].

Transportation and Logistics

You must bring document(s) to show all 3 of the following:

(Note: one document may cover more than one requirement).

1. **Photo ID** (does not have to be government issued), *and*
2. **Proof that you live or work in LA County** (if your other documents do not include your home or work address, see [list](#) for acceptable items), and
3. **Proof that you work in transportation and logistics.**

Examples include:

- Work badge with photo
- Professional license
- Paycheck stub with your name
- Attestation letter from your employer that includes your name, and the name and address of the organization (template to fill out on a [computer](#) or by [hand](#)).
- Attestation that you sign that includes your name, job title, and the name and address of the business/organization (Templates available: [English](#). If you do not have access to a printer, it can be written by hand.)

Second doses only

- White vaccine record card or electronic vaccine record AND a photo ID

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