**PLEASE COPY AND PASTE THE FOLLOWING TEXT ONTO HEALTHCARE FACILITY LETTERHEAD, COMPLETE, SIGN, AND EMAIL TO: COVID.INTAKE@COOKCOUNTYHHS.ORG**

[Healthcare facility point of contact]

[Healthcare facility name]

[Healthcare facility address]

[Healthcare facility phone number]

[Date]

This letter is to verify that [eligible healthcare worker name] is employed at [name of healthcare facility] as a [position/title] in the [department name]. Additionally, [eligible healthcare worker’s name] has been identified as a healthcare worker eligible for hotel accommodation due to direct contact with COVID-19 positive or symptomatic persons.

This letter serves as confirmation that [eligible healthcare worker’s name] has been determined eligible for a hotel accommodation by [name of healthcare facility].

Please do not hesitate to contact [healthcare facility point contact] with any additional questions or concerns.

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Authorizer name (printed) Employee name (printed)

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Authorizer signature Employee signature

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 Employee e-mail

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 Employee phone number