



State of Vermont
Agency of Human Service

Office of the Secretary
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Michael K. Smith, *Secretary*

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To: Whom it Concerns
Re: ‘Essential Staff’ during COVID-19 Emergency

The Agency of Human Services has provided this letter for employers to use at the employer’s sole discretion. Employers may wish to provide this letter to their employee to affirm and declare that, in the performance of their duties, the employee is performing ‘essential services’.

On March 17, 2020, Vermont Governor Scott issued a directive that identified people and services that are considered ‘essential’ during a Declaration of Emergency due to the COVID-19 outbreak. In an effort to prevent the spread of COVID-19, Governor Scott ordered new restrictions on Vermonters, starting March 25, 2020, with continued provisions for ‘essential services.’

Independent Direct Support Workers who provide services under the Choices for Care, Developmental Disability Services, Traumatic Brain Injury, Attendant Services, Children’s Personal Care Services, and Medicaid Adult High Tech programs may be considered ‘healthcare service providers’ of ‘essential services.’ Consistent with orders from Governor Scott to mitigate and slow the spread of COVID-19, it is critical that Independent Direct Support Workers continue to provide ‘essential services.’ The determination of ‘essential services’ must be made by the employer, based on individual needs and circumstances.

‘Essential services’ are those that assure the health and safety of a person. Essential Services delivered in person or “face to face” may continue if the services cannot be provided in an alternate way, such as via telephone/facetime. Other in-person services that do not directly contribute to the person’s health and safety are non-essential.

If you have any questions regarding the status of this employee as a provider of ‘essential services’, please contact her/his employer below.

Date: _____

Employee’s Name: _____

Employer’s Name: _____

Employer’s Signature: _____

Employer’s contact information: _____