***Letter from Nursing Home Administrators***

++

Dear families and friends,

**[Insert Nursing Home Name]** considers the health and well-being of our residents and communities a priority. With that in mind, we are partnering with **[Name of clinic provider]** to host a vaccination clinic for your eligible family members **[Insert age groups that will be vaccinated during the clinic]**. These clinics will offer the following vaccines:

* **[Insert list of vaccines to be offered]**

On the following dates and times:

* **[Insert list of times & dates]**

**Registration:** You may register your family members by **[Insert registration information]. [If no registration: Vaccinations will be given on a first come first serve basis.] There will be no cost to you for this vaccine, although your health plan may be billed. Your health plan cannot charge you a co-pay.**

**COVID-19 vaccine [if applicable]:** Please bring your vaccination card with you on the clinic day. If you do not have or cannot find your vaccination card, please contact **[Insert point of contact information]**.

**Questions:** If you have questions or concerns about vaccines or what you are eligible for you may call us at **[Insert phone number],** or **[join us for a family/resident council meeting]**, or visit **[QIO resource library link]**. You can also join us for a family/resident council meeting to discuss vaccines and any questions you may have.

Sincerely,

**[Insert nursing home administrator name]**