[Date]

To whom it may concern,

(Employee Name) – Health and disability worker

This letter is to confirm that the holder of this letter is a health and disability worker and employee of (Agent’s name), Manawanui is the Host agency in charge of administering the funds.

Manawanui is an NGO providing disability support services to disabled people and is essential for maintaining disabled peoples’ health and wellbeing. We are contracted by the Ministry of Health to deliver these services and are expected to remain up and running at all COVID-19 alert levels.

Our service will be working to ensure that the supports that disabled people require can continue so that they can remain safe and supported in their homes and residential services.

We provide support to disabled people across the entire country. Some of our employees live and travel across city and council boundaries to visit disabled people.

As a health and disability worker, the holder of this letter must be:

* provided access to public transport and/or vehicle services to enable travel to work;
* allowed to travel as required;
* allowed to accompany people they are supporting when they need to travel;
* and allowed to interact with people to ensure the delivery of their essential service.

All individuals supporting the delivery of permitted services will:

* follow appropriate hygiene and infection prevention measures, relevant for their work environment, to help to stop the spread of COVID-19;
* and be aware of the symptoms of COVID-19 and follow relevant advice on https://covid19.govt.nz and https://www.health.govt.nz/ .

We appreciate your support to ensure we can continue to assist disabled people and their families, whānau and āiga. If you have any queries, please direct them to me.

Kind regards,

[Name]

Mobile: xxxxxx

Email: xxxxx