



Inland Respite, Inc.

January 22, 2021

To Whom it May Concern:

The purpose of this letter is to confirm that the holder, _____ is an employee of Inland Respite, Inc. an in-home care agency vendored with the Inland Regional Center and providing care to developmentally disabled individuals in their homes.

This position is classified by the state of California's COVID-19 Vaccination Roadmap as being within Phase 1A, Tier 2 due to having direct contact with residents and providing care in their homes.

This letter's authenticity may be verified by contacting our offices at (951) 353-1261.

Sincerely,

Inland Respite, Inc.

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