

To whom it may concern:

I am \_\_\_\_\_  
(print consumer name)

\_\_\_\_\_ is my direct support worker (DSW).  
(print direct support worker name)

My direct support worker provides essential services. My health, safety and well-being depend on the work my direct support worker does for me.

In the event of restrictions or limitations on movement, I am asking that  
\_\_\_\_\_ be allowed to travel to and from my location.  
(DSW name)

If I can answer any questions about why it is critical that my direct support worker be able to get to me, please call/email me at: \_\_\_\_\_  
(phone/e-mail).

Thank you in advance for helping to ensure my safety.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date