**NYS Office for People with Developmental Disabilities**

**COVID-19 Vaccination Requirement Declaration**

This declaration is required for all companies, contractors or consultants working on-site at a New York State Office for People with Developmental Disabilities (“OPWDD”) Intermediate Care Facilities (“ICF”) and two developmental centers. In accordance with the Centers for Medicare & Medicaid Services (“CMS”) interim final rule, OPWDD Guidance on the CMS Vaccine, which also applies to contractors performing work at OPWDD sites, this form must be printed, completed, and signed, and then returned to [cmsdeclaration@dasny.org](mailto:cmsdeclaration@dasny.org).

**I hereby declare as follows:**

1. My name is [Individual Signer’s Name] , and I am the [Position Title] at [Company, Contractor or Consultant Name] .
2. The Company, Contractor or Consultant listed on this form ("Company") is a contractor of the New York State Office of General Services, the Dormitory Authority of the State of New York, or the New York State Office for People with Developmental Disabilities.
3. The Company, and any subcontractors or subconsultants it may employ, has met all applicable vaccine verification and accommodation requirements. This includes the requirement to obtain a copy, or visually observe proof, of full vaccination against COVID-19 for every employee who physically reports to an OPWDD ICF or developmental center work site.

**Printed Name:**

**Signature:**

**Printed Company Name:**

**DATED: \_\_\_\_\_\_\_\_\_\_\_\_, 2022**