



REQUEST FOR A RELIGIOUS EXCEPTION TO THE COVID-19 VACCINATION REQUIREMENT

The Centers for Medicare & Medicaid Services (CMS) issued a rule requiring COVID-19 vaccinations for workers in most health care settings, including senior living communities, that participate in the Medicare and Medicaid programs, with exceptions only as required by law. In certain circumstances, Federal law may entitle a Federal employee who has a religious objection to the COVID-19 vaccination requirement to an exception from that requirement, in which case the employee would instead comply with alternative health and safety protocols. The Federal Government is committed to respecting the important legal protections for religious liberty.

In order to request a religious exception, please fill out this form. The purpose of this form is to start the accommodation process and help KARE and the senior living community which requested a caregiver (forthwith identified as "the entities") determine whether you may be eligible for a religious exception. We encourage you to provide as much information as possible to enable the entities to evaluate your request. Where there is an objective basis to do so, the entities may ask you for additional information as needed to determine if you are legally entitled to an exception. Objections to COVID-19 vaccinations that are based on non-religious reasons, including personal preferences or non-religious concerns about the vaccine, do not qualify for a religious exception.

The entities may consider several factors in assessing whether a request for an exception is based on a sincerely held religious belief, including whether the employee has acted in a manner inconsistent with their professed belief. But no one factor is determinative. An individual's beliefs—or degree of adherence—may change over time and, therefore, an employee's newly adopted or inconsistently observed practices may nevertheless be based on a sincerely held religious belief. All requests for a religious exception will be evaluated on an individual basis. **BY COMPLETING THIS FORM, IT DOES NOT GUARANTEE YOU THAT YOU WILL BE SELECTED FOR A SHIFT AS IT WILL BE DETERMINED SOLELY BY THE COMMUNITY POSTING THE SHIFT.**

Signing this form constitutes a declaration that the information you provide is, to the best of your knowledge and ability, true and correct. Any intentional misrepresentation to the Federal Government may result in legal consequences, including termination or removal from Federal Service.

Please answer the questions on the following page and sign.

QUESTIONS:

1. Please describe the nature of your objection to the COVID-19 vaccination requirement.

2. Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise or conflict with your sincerely held religious beliefs, practices, or observances? If so, please explain how.

3. Please provide any additional information that you think may be helpful in reviewing your request. For example:
 - a. How long you have held the religious belief underlying your objection
 - b. Whether your religious objection is to the use of all vaccines, COVID-19 vaccines, a specific type of COVID-19 vaccine, or some other subset of vaccines
 - c. Whether you have received vaccines as an adult against any other diseases (such as a flu vaccine or a tetanus vaccine)

I declare to the best of my knowledge and ability that the foregoing is true and correct.

Print Name

Signature

Date