

**Sample Cover Letter for First Questionnaire Mailing**  
Home Health Care CAHPS Survey  
To be Printed on Home Health Agency or Vendor Letterhead

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«FirstName» «LastName»

«MailDate»

«Address1» «Address2»

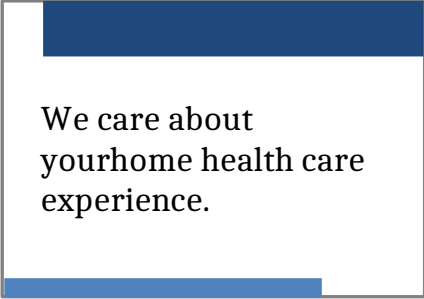
«City\_Name», «State\_Code» «Zip\_Zip4»

Dear «FirstName» «LastName»:

This is an important survey from Medicare for people who get home health care. **Please take a few minutes to share your experiences with «HHA» and return the survey in the enclosed postage-paid envelope.** Your feedback helps Medicare improve the overall quality of home health care, and helps others choose a home health agency.

**Your voice matters.** We want your answers to reflect your own views and not anyone from the agency named above. If you need help with the survey, please ask a family member or a friend.

Participation is voluntary, and your information is kept private by law. No one can connect your name to your answers.



We care about  
yourhome health care  
experience.

If you have any questions about this survey, please call VENDOR NAME, (toll-free) at 1-XXX-XXX-XXXX.

Thank you for helping to improve home health care.

Sincerely,

Name

Home Health Agency Administrator

[PRINT SAMPLE ID HERE]

Si tiene preguntas o desea recibir la versión de la encuesta en español, por favor llámenos al número que aparece arriba.