

**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 your  
home 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.