



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Executive Office of Elder Affairs

Home Care Program Notice of Ineligibility

Applicant:

Aging Services Access Point (ASAP):

Based on a review of your application, we have determined that you are ineligible to receive Home Care services due to:

- age
- functional impairment level (FIL)
- need
- other (explain): _____

You have the right to appeal this decision.

Care Manager: _____

Date: _____

Telephone number: _____

Attachments: Your Appeal Rights
Request for Review