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