



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
- ☐ financial
- ☐ other (explain): _____

You have the right to appeal this decision.

Case manager: _____

Date: _____

Telephone number: _____

Attachments: Your Appeal Rights
Request for Review