



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

Home Care Program Notice of Eligibility/Waiver

Applicant:

Aging Services Access Point (ASAP):

Based on a review of your application, we have determined that you are **eligible** to receive Home Care Program services.

Please notify your case manager of any change in service need, living arrangement, or income.

Case manager: _____

Date: _____

Telephone number: _____