



Notice of Eligibility for Long Term Care Programs

To: _____ Date: _____

From: _____ Phone: _____

You have recently taken part in the **Long Term Care Functional Screen**, an eligibility process, for **Family Care** or the **State's Self-Directed Support Program called IRIS**. This letter is to notify you of the results:

- You **have been found eligible** for the programs checked below. The enclosed documents explain the benefit package of the programs for which you have been found eligible.

- Family Care** (Attached "Family Care Benefits Package")

- Nursing Home Level of Care Benefit Package (Full Package)

- Non-Nursing Home Level of Care Benefit Package (Limited Package)

OR

- IRIS - State's Self-Directed Support Program** (Attached "IRIS Benefit Package")

- You **have been found functionally ineligible** for the programs listed above.
- You **do not appear** to be **financially eligible**, based upon the initial unverified financial information gathered that you have provided the ADRC. Please feel free to contact the local Economic Support Unit to verify your financial eligibility.

If you feel any of the decisions reached above were an error or you disagree with the decisions, you have the right to appeal these decisions. Please review the attached sheet entitled "Notice of Complaint/Appeal Process" for an explanation of the process.

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