

# ATTENDANT CARE SERVICE NOTIFICATION OF ELIGIBILITY DETERMINATION

DATE THIS NOTICE IS

MAILED OR HAND-  
DELIVERED TO YOU

1/10/07

INITIAL DETERMINATION

REDETERMINATION

## CONSUMER INFORMATION

NAME OF CONSUMER (LAST, FIRST, MIDDLE) <b>Startcha, Can't</b>	SOCIAL SECURITY NUMBER <b>888-77-6666</b>	RECIPIENT NUMBER <b>N/A</b>
ADDRESS (STREET, ROAD, AVENUE) (CITY OR TOWN) (STATE) <b>111 Not Long Enough Lane, PHILADELPHIA, PA</b>	ZIP CODE <b>19153</b>	COUNTY <b>PHILADELPHIA</b>

ELIGIBILITY/SERVICE STATUS

Eligible    
 Ineligible    
 Reduction of Service Hours    
 Increase in Service Hours    
 Fee    
 No Fee

### IF ELIGIBLE COMPLETE THE FOLLOWING:

AUTHORIZED SERVICE HOURS PER WEEK

BASIC SERVICE HOURS <b>0</b>	ANCILLARY SERVICE HOURS <b>0</b>	TOTAL SERVICE HOURS PER WEEK <b>0</b>
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DATE OF DETERMINATION <b>1/1/07</b>	AMOUNT OF FEE <b>N/A</b>	DATE SERVICES SCHEDULED TO BEGIN <b>N/A</b>
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## SECTION II

THIS IS TO NOTIFY YOU THAT THE ATTENDANT CARE SERVICE:

WILL NOT BEGIN AS YOU HAVE BEEN DETERMINED INELIGIBLE    
 WILL BE REDUCED    
 WILL REQUIRE FEE TO BE IMPOSED OR CHANGED    
 WILL BE TERMINATED

FOR REASON(S) SHOWN: **Due to {you do not have any basic care needs at this time} you do not meet the minimum criteria. You have been determined ineligible for services in the Attendant Care Program at this time.**

THE REGULATORY CITATION UPON WHICH THIS DECISION IS BASED IS: **Attendant Care Program Requirements, Chapter III.2**

## SECTION III - The effective date of this action is:

IMMEDIATELY FOR APPLICANTS FOUND INELIGIBLE UPON INITIAL DETERMINATION OF ELIGIBILITY, OR OTHER    
 N/A (MO - DAY - YR.)

## SECTION IV

If you disagree with the decision listed above, you have a right to appeal and request a hearing through the Department of Public Welfare's Office of Hearings and Appeals. However, you do not have the right to appeal a decision which is based solely on changes in Federal or State law or regulations simply because these changes now exclude you from service or reduce the amount of your service. You also do not have the right to appeal a decision because the service hours are reduced or eliminated by the provider agency due to the extent of funding provided through the appropriation for the Attendant Care Program.

**In order for your appeal to be heard, it must be postmarked on or before** 2/09/07 (30 days after r  
(MO. - DAY -YR.)

which is 30 calendar days following the date this notice is mailed or hand-delivered to you. After this date, the Office of Hearings and Appeals reserves the right, by regulation, to dismiss the appeal without a hearing.

**If you are currently receiving service, and your appeal is postmarked on or before** N/A  
(MO. - DAY -YR.)

(the tenth calendar day following the date this notice is mailed or hand-delivered to you), you will continue to receive service pending the outcome of the hearing. If, however, your appeal is postmarked after this date, service will be discontinued or reduced on the effective date listed in Section III above.

If you wish to appeal and request a Fair Hearing, you must complete the reverse side of this form and return it to this agency at the address listed below. If you do not understand this decision or would like to meet with a representative of our agency please contact the agency representative who is named in section **PROVIDER INFORMATION** below.

## PROVIDER INFORMATION

NAME OF PROVIDER <b>LIBERTY RESOURCES, INC.</b>	MA ID NUMBER <b>100 006 099</b>
PROVIDER ADDRESS <b>714 MARKET STREET, SUITE 100, PHILADELPHIA, PA 19106</b>	TELEPHONE NUMBER <b>215-634-2000</b>
SIGNATURE OF PROVIDER REPRESENTATIVE COMPLETING THIS FORM <b>***SUPPORTS COORDINATOR'S SIGNATURE***</b>	DATE <b>1/10/07</b>




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**PHIA**

Termination  
of Service



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