

**Priority Professional Care, LLC**  
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By this letter, I am attesting that I am responsible to adhere to the requirements of Priority Professional Care Adult Foster Care Program and Masshealth’s regulation, CMR 408.434, regarding Adult Foster Care Caregiver Qualifications and Responsibilities. I understand that as the primary caregiver, I need to be able to devote appropriate time necessary to provide needed personal care to Member (s) to ensure their safety and well-being at all times. In addition, I am attesting to the following (**PLEASE CHECK ALL AS APPLICABLE**):

- I am currently unemployed** and able to provide 24 hour supervision to the Member (s), as stipulated in CMR 408.434.
- I am working full or part time** and Member (s) is/are enrolled in an Adult Day Health Program. I am available upon Member (s) return from the Adult Day Care Center for the remainder of the day.
- I understand that I must inform Priority Professional Care of any change (s) in my caregiver status, so that appropriate action can be taken for continuity of Member’s (s) care.
- I understand that the secondary caregiver is only reimbursed for 14 days in the calendar year and is **not** part of the daily plan of care.
- I agree to abide by the roles and responsibilities set forth in my Home Care Agreement contract.
- I understand that Priority Professional Care reserves the right to immediately terminate AFC services, if any violation of Masshealth’s regulation occurs.

\_\_\_\_\_  
**Caregiver Name (please Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Caregiver Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**PPC Staff**

\_\_\_\_\_  
**Date**