



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

[Date]

[Letter Recipient Name]

[Address Line 1]

[Address Line 2]

Dear Parent/Guardian of [Recipient Name],

A federal court has ordered the State of Florida to provide support services for families with children currently residing in a nursing facility. The purpose of these support services is to help families that have children in nursing homes decide whether to bring their children home. We are sending you this letter because you have a child who receives Private Duty Nursing (PDN). We would like to ask if you are interested in being a volunteer.

There are two support services that you can volunteer for: allowing other families to visit your home to see how PDN is provided, and providing peer support for families that are considering PDN for their children. These options are described below.

- 1. Family-to-Family Home Visiting.** This is an opportunity for you to open your home for a visit from a family that is considering bringing a child home from a nursing facility. These families are interested in learning about PDN and what it is like caring for a child at home. During the visit, the family will observe PDN provided to your child and may ask questions. If you volunteer to be a host for home visits, you will always be able to choose the time and length of the visit. The family may bring their child's care coordinator on the visit. Visits can be in-person or virtual. You can stop volunteering at any time.
- 2. Family-to-Family Peer Support.** This is an opportunity for you to be a resource for families to learn from your experience with PDN and what it is like caring for your child at home. Interactions may be one-on-one (as a personal sponsor for an individual family) or participating with a group of families. Interactions can take place in person, virtually, or by telephone. If you choose to volunteer as a family for peer support, you will always be able to choose the time and length of the interactions. You can stop volunteering at any time.

This letter is being mailed to you to ask whether you are willing to volunteer for family-to-family home visiting or family-to-family peer support. As a volunteer, you will not be paid for your participation. By agreeing to participate, you should know that your contact information may be made available to Medicaid managed care plans, care coordinators of children residing in nursing facilities, or parents or guardians of children residing in nursing facilities.

If you are interested in participating in these services as a volunteer, please mark the box that applies to you:

- Family-to-Family Home Visiting
- Family-to-Family Peer Support
- Both** Family-to-Family Home Visiting and Family-to-Family Peer Support

If you are interested in participating, more information about the programs will be provided in the future. If you have any questions about volunteering for either support service, please email your questions to PDNFamilies@ahca.myflorida.com.

If you marked one of the boxes above, please mail this letter back to:

Agency for Health Care Administration
Attention: Melissa Vergeson
2727 Mahan Drive MS 38
Tallahassee, FL 32308

An addressed envelope with postage has been provided along with this letter. You can also volunteer by sending an email to PDNFamilies@ahca.myflorida.com.

Printed Name: _____

Phone Number: ____ (____) _____

I agree to be contacted by text message: Yes. No.

Signature: _____

Date: ____/____/____