## IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE OF PROVIDER ELIGIBILITY

(ADDDE0055)		
(ADDRESSEE)	County of:	
	Notice Date: Provider Name: Provider Number: IHSS Office Address:	
	IHSS Office Telephone Number:	

To: In-Home Supportive Services (IHSS) Provider

As of the date of this notice, you have been officially enrolled as an IHSS provider. You can now begin providing services for an IHSS recipient(s) and receiving payment from the IHSS program for providing services.

If you have already begun providing IHSS services to a recipient, you may be eligible to receive retroactive payments for any authorized services you provided for 90 days prior to the date of this notice.

If you have any questions about this notice, call the IHSS office at the telephone number listed at the top of this document.