

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT OF PROVIDER INELIGIBILITY
TIER 2 CRIMES INELIGIBILITY—SUBSEQUENT CONVICTION
[WELFARE AND INSTITUTIONS CODE SECTION 12305.87]**

(ADDRESSEE)

COUNTY OF: _____

Notice Date: _____

Applicant Provider Name: _____

Recipient Name: _____

Recipient Case Number: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Recipient

Effective twenty (20) days from the date of this notice, the person you have chosen to provide IHSS services to you, _____, is not eligible to receive payment from the IHSS program for providing services to you or to any other person. If this person has been providing services for you, he/she can only be paid for services he/she provides for you through _____.

Since this person’s initial enrollment, the county/Public Authority/Non-Profit Consortium has learned through a criminal background check that he/she has been convicted of a crime(s) that makes him/her ineligible to serve as an IHSS provider or to receive payments from the IHSS program for providing services based on Welfare and Institutions Code, Section 12305.87. The crime(s) which disqualified him/her is/are one or more of the crimes listed below:

The information regarding the provider’s criminal convictions is highly sensitive and must be kept strictly confidential. You are prohibited by law from sharing any part of this information with any other individual or entity.

Despite this individual’s felony conviction, you may submit a signed waiver that would allow this individual to continue working as your IHSS provider. If you agree to a waiver, you are accepting all responsibility for this decision and the risk of any potential actions that may occur as a result of this decision. You must complete, date, and sign the enclosed SOC 862 form, “IHSS Recipient Request for Individual Provider Waiver,” and submit it to the county/Public Authority/Non-Profit Consortium IHSS office.

This waiver will allow this individual to continue to serve as an IHSS provider for you only and only in the county in which the waiver is filed, and he/she will receive payment from the IHSS program for providing services to you. This waiver only applies to the disqualifying crimes listed on page 1. If the person is convicted of any subsequent disqualifying crime(s), another SOC 862 form must be completed and submitted for that subsequent disqualifying crime.

Because this provider has been determined to be ineligible to provide services through the IHSS program, if you choose not to submit a signed waiver, you must choose a different individual to act as your IHSS provider. If you choose to continue receiving services from this individual without submitting a waiver, you will be responsible for paying him/her with your own money for any services provided.

If you have any questions about this letter or need help finding a different provider, you may call the IHSS office at the telephone number listed at the top of the previous page.