

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

**COUNTY OF**

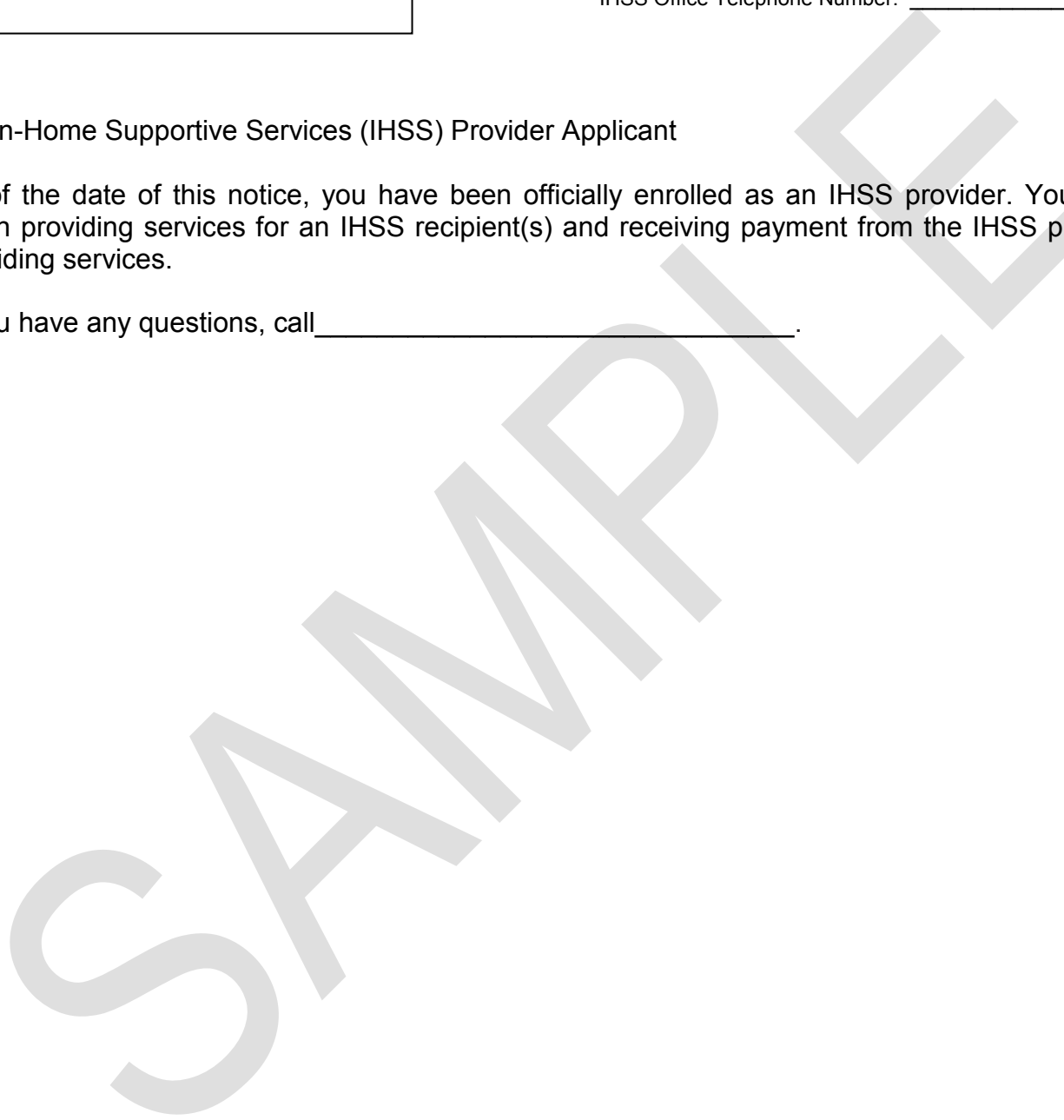
**(ADDRESSEE)**

Notice Date: \_\_\_\_\_  
Provider Name: \_\_\_\_\_  
IHSS Office Address: \_\_\_\_\_  
IHSS Office Telephone Number: \_\_\_\_\_

To: In-Home Supportive Services (IHSS) Provider Applicant

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 any questions, call \_\_\_\_\_.



**IN-HOME SUPPORTIVE SERVICES PROGRAM  
NOTICE TO PROVIDER APPLICANT OF PROVIDER INELIGIBILITY  
DUE TO TIER I CRIMES (ELDER/CHILD ABUSE & MEDI-CAL/SUPPORT SERVICES FRAUD)  
[WELFARE & INSTITUTIONS CODE 12305.81]**

(ADDRESSEE)

**COUNTY OF:** \_\_\_\_\_

Notice Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_

IHSS Office Address: \_\_\_\_\_

IHSS Office Telephone Number: \_\_\_\_\_

To: In-Home Supportive Services (IHSS) Provider Applicant

The county/Public Authority/Non-Profit Consortium has denied your eligibility to be an IHSS provider and to receive payment from the IHSS program for providing services.

- As part of the provider enrollment process, you submitted fingerprints for a California Department of Justice criminal background check. The background check showed that you had been convicted of a crime(s) that makes you ineligible to be an IHSS provider and to receive payment from the IHSS Program for providing services based on Welfare and Institutions Code (W&IC), Section 12305.81.
- The county/Public Authority/Non-Profit Consortium has learned that you have been convicted of a crime(s) that makes you ineligible to be employed as an IHSS provider or to receive payment from the IHSS program for providing services based on Welfare and Institutions Code (W&IC), Section 12305.81. The conviction has been verified through court documents.

The crime(s) which disqualified you is/are shown below:

If you disagree with this determination, the enclosed form explains how you can request an appeal. Your written appeal request must be received within 60 calendar days from the date of this letter.

If you believe the conviction information provided by the California Department of Justice is incorrect, you must contact the California Department of Justice to determine the source of the information and to correct the information contained in your criminal background check.

If you have any questions about this letter, you may call \_\_\_\_\_ .

**IN-HOME SUPPORTIVE SERVICES PROGRAM  
NOTICE TO PROVIDER APPLICANT OF PROVIDER INELIGIBILITY  
DUE TO TIER II CRIMES (SERIOUS/VIOLENT FELONIES; SEX OFFENDER FELONIES;  
FRAUD AGAINST GOVERNMENT AGENCIES)  
[WELFARE & INSTITUTIONS CODE SECTION 12305.87]**

(ADDRESSEE)

COUNTY OF: \_\_\_\_\_

Notice Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_

IHSS Office Address: \_\_\_\_\_

IHSS Office Telephone Number: \_\_\_\_\_

To: In-Home Supportive Services (IHSS) Provider Applicant

The county/Public Authority/Non-profit Consortium has denied your eligibility to be enrolled as an IHSS provider and to receive payment from the IHSS program for providing services.

As part of the provider enrollment process, you submitted fingerprints for a California Department of Justice criminal background check. The background check showed that you had been convicted of a crime(s) that makes you ineligible to be an IHSS provider and to receive payment from the IHSS Program for providing services based on the Welfare & Institutions Code Section 12305.87 The crime(s) which disqualified you is/are shown below:

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If you disagree with this determination, the enclosed form explains how you can request an appeal. Your written appeal request must be received within 60 calendar days from the date of this letter.

If you believe the information provided by the California Department of Justice is incorrect, you must contact the California Department of Justice to determine the source of the information and to correct the information contained in your criminal background check.

Even though you have been convicted of the above listed crime(s), an IHSS recipient can choose to submit a signed waiver that would allow you to work as an IHSS provider and to receive payment from the IHSS program for providing services to that recipient only.

Although you have been convicted of the above-listed crime(s), you may seek a general exception that would allow you to work as an IHSS provider and to receive payment from the IHSS program. Please read the enclosed packet for information on how to request a general exception and how to complete the general exception form.

If you have any questions about this letter, you may call \_\_\_\_\_ .

**TO ASK FOR AN APPEAL:**

- This request for appeal must be received within 60 days of the day the county tells you that you are not eligible to be an IHSS provider.
- Fill out and sign this page.
- Provide a copy of your letter from the county denying your eligibility.
- Provide any supporting documentation for your appeal request.
- Make a copy of the front and back of this page for your records.
- Send this page to:

California Department of Social Services  
 Adult Programs Branch  
 IHSS Provider Enrollment Appeals Unit, MS 19-04  
 PO Box 944243  
 Sacramento, CA 94244-2430

- If you have questions, call (916) 556-1156.

**APPEAL REQUEST**

I want to appeal the determination of \_\_\_\_\_ County about my ineligibility to be a provider of In-Home Supportive Services. I believe that the County's decision is not correct. Here's why:

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If you need more space, check the box at left and attach a page.

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## IN-HOME SUPPORTIVE SERVICES (IHSS) APPLICANT PROVIDER REQUEST FOR GENERAL EXCEPTION

To request a general exception, you must submit the items listed on this form within forty-five (45) days of the date of your denial notice to the address listed below. If you request a general exception, it may take at least seventy-five (75) days to process after a complete exception request and the applicant's criminal offender record information (CORI) is received by the California Department of Social Services (CDSS) Caregiver Background Check Bureau (CBCB). You will receive a written notice stating whether the request has been approved or denied. **You cannot be paid by the IHSS program for any work performed for an IHSS recipient until the general exception request has been approved.**

I, \_\_\_\_\_, am requesting a general exception to become an IHSS provider and work for any IHSS recipient who wishes to hire me. I understand that, at this time, I am denied eligibility to work as an IHSS provider, due to felony criminal conviction(s) listed on my CORI.

I am providing this information for the CBCB to evaluate my request for a general exception:

Applicant Name: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Applicant providers must enclose the following with this form:

1. A copy of the denial letter stating your ineligibility to be an IHSS provider.
2. A copy of form SOC 426 (IHSS Program Provider Enrollment Form), which you previously completed and submitted to the county.
3. Documentation (Minute Order, Court-Issued Judgment of Conviction, or a letter from the Probation Department) showing that your current or last probation period was informal, if applicable.
4. A description of any completed training, classes, treatment, counseling, or community service activities that would indicate rehabilitation or changed behavior. Provide verification of completion (for example, certificates or diplomas), if applicable.
5. Certificate of Rehabilitation, if applicable.
6. Evidence of an official pardon by the Governor, if applicable
7. Employment history for the last 10 years.
8. Copies of all police reports involving the disqualifying crime(s) for which you were convicted or a letter from law enforcement stating that a report no longer exists.

9. Three (3) signed character reference statements. Reference statements must be submitted on a Reference Request form, SOC XXX. See the enclosed copy of this form. You may photocopy the form or obtain copies from the CDSS web site at <http://www.dss.cahwnet.gov/cdssweb/PG168.htm#soc>. The reference statements must be recently obtained and dated. They may be completed by current or former employers or other persons you choose.
10. A signed personal statement including the following information:
- A. A description of the events surrounding the disqualifying crime(s) for which you were convicted, including what happened, why it happened, how it happened, and any other relevant information about the disqualifying crime(s) or any related crime(s). The CBCB may compare your statement with police reports and court documents. You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.
- AND
- B. A description of what you have done since the conviction(s) to ensure you will not be involved in any criminal activity again.

Please send this form and all requested documentation to the following address:

California Department of Social Services  
Caregiver Background Check Bureau  
P.O. Box XXXXXX, MS XX-XX-XX  
Sacramento, CA XXXXX-XXXX

If you have any questions, you may call XXX-XXX-XXXX.

You must notify the Department within five (5) working days of any change to your address or telephone number at the contact information listed above.

\_\_\_\_\_  
Signature of Applicant Provider

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date