

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT OF PROVIDER INELIGIBILITY
INCOMPLETE PROVIDER PROCESS**

COUNTY OF

(ADDRESSEE)

Notice Date: _____
Provider Name: _____
IHSS Office Address: _____
IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Recipient

The person you have chosen to employ and provide in-home services to you, _____, is not eligible to receive payment from the IHSS program for providing services to you or to any other person. Here's why:

He/she did not complete one or more of the required steps of the provider enrollment process shown below.

- He/she did not complete, sign and return the IHSS Provider enrollment Form (SOC 426) to the county; and/or
- He/she did not attend an IHSS Provider Orientation; and/or
- He/she did not sign an IHSS Provider Enrollment Agreement (SOC 846); and/or
- He/she did not complete a California Department of Justice criminal background check.

You must choose a different person to provide services. If you choose to continue receiving services from this person, you will be responsible for paying him/her with your own money for any services provided.

If you need help finding a different provider, call _____.

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT 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) Recipient

The person you have chosen to employ to provide IHSS services for you, _____, has been denied eligibility. He/she cannot receive payment from the IHSS program for providing services to you or to any other person.

As part of the provider enrollment process, this person submitted fingerprints for a California Department of Justice criminal background check. The background check or a court document showed that he/she had been convicted of a crime(s) that makes him/her ineligible to be an IHSS provider and to receive payment from the IHSS Program for providing services based on Welfare and Institutions Code, Section 12305.81. The crime(s) which disqualified him/her is/are one or more of the crimes listed below:

- Abuse of an elder or dependent adult; and/or
- Specified abuse of a child; and/or
- Fraud against a government health care or supportive services program.

You must choose a different person to provide services. If you choose to continue receiving services from this person, you will be responsible for paying him/her with your own money for any services provided.

If you need help finding a different provider, call _____ .

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT 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) Recipient

Due to a criminal felony conviction, the person you have chosen to provide services for you, _____, has been denied eligibility to receive payment from the IHSS program for providing services to you or to any other person.

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

Despite this individual's felony conviction, you may submit a signed waiver that would allow this person to work as your IHSS provider. If you agree to a waiver, you are accepting the responsibility for this decision and the risk of any potential actions that may occur as a result of this decision. If you wish to submit the waiver, you must sign the enclosed waiver form and submit it to the county IHSS office. The waiver will allow this person to serve as an IHSS provider for you only, and he/she will receive payment from the IHSS program for providing those services to you.

Without this waiver, you must choose a different person to provide services. Otherwise, you will be responsible for paying him/her with your own money for any services provided.

If you need help finding a different provider, call _____ .

**IN-HOME SUPPORTIVE SERVICES (IHSS)
RECIPIENT REQUEST FOR PROVIDER WAIVER**

DATE _____

I, _____, am submitting this waiver request in order to hire the person named below to be my In-Home Supportive Services (IHSS) provider. I understand he/she has been denied eligibility to be paid from the IHSS program, due to a felony criminal conviction(s). Despite this information, I accept the responsibility for my decision, and the possible risks involved, in allowing the person to work in my home as my IHSS provider.

I have chosen to hire _____ to be my IHSS provider and acknowledge that he/she has been convicted of the following crime(s):

Penal Code Section

Felony Conviction Description

1. _____

2. _____

3. _____

4. _____

5. _____

- I understand that the person I want to hire as my provider has been convicted of the criminal felony conviction(s) listed above.
- I understand that this waiver applies only to the crime(s) listed above.
- I understand the county will notify me if it learns that this person is convicted of additional criminal felony conviction(s) in the future, and will be ineligible to be my provider. If that happens, I will be required to file another waiver.
- I understand I will receive a notice when the county has accepted this waiver.
- I understand that, after the county accepts this waiver request, the county will send a timesheet to the provider.

By signing this form, I accept the responsibility for hiring the above-named person to work in my home. I understand the county and the State of California are immune from any liability, due to the risk of any actions that may occur, as a result of my decision to hire him/her.

Signature of Recipient or Recipient's Authorized Representative

Print Name

Date

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT 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)

<p>Jane Doe 1234 Main Street Springfield, CA 12345-6789</p>

COUNTY OF:	Springfield
Notice Date:	February 15, 2011
Provider Name:	John Doe
IHSS Office Address:	4567 County Street Springfield, CA 12345
IHSS Office Telephone Number:	(789) 321-7654

To: In-Home Supportive Services (IHSS) Recipient

Due to a criminal felony conviction, the person you have chosen to provide services to you, JOHN DOE, has been denied eligibility to receive payment from the IHSS program for providing services to you or to any other person.

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

PC 211 – Taking property from someone by force or fear and against their will

PC 288 – Intentionally doing, or trying to do, an obscene, indecent, or lustful act with a person younger than 14 years old

W&IC 10980(g)(2) – Intentionally using food stamps or EBT worth more than \$950 in an illegal way

Despite this individual's felony conviction, you may submit a signed waiver that would allow this person to work as your IHSS provider. If you agree to a waiver, you are accepting the responsibility for this decision and the risk of any potential actions that may occur as the result of this decision. If you wish to submit the waiver, you must sign the enclosed waiver form and submit it to the county IHSS office. The waiver will allow this person to serve as an IHSS provider for you only, and he/she will receive payment from the IHSS program for providing those services to you.

Without this waiver, you must choose a different person to provide services. Otherwise, you will be responsible for paying him/her with your own money for any services provided.

If you need help finding a different provider, call (789) 456-9876.

**IN-HOME SUPPORTIVE SERVICES (IHSS)
RECIPIENT REQUEST FOR PROVIDER WAIVER**

DATE February 15, 2011

I, Jane Doe, am submitting this waiver request in order to hire the person named below to be my In-Home Supportive Services (IHSS) provider. I understand he/she has been denied eligibility to be paid from the IHSS program, due to a criminal felony conviction(s). Despite this information, I accept the responsibility for my decision, and the possible risks involved, in allowing the person to work in my home as my IHSS provider.

I have chosen to hire John Doe to be my IHSS provider and acknowledge that he/she has been convicted of the following crime(s):

<u>Penal Code Section</u>	<u>Felony Conviction Description</u>
1. <u>PC 211</u>	<u>Taking property from someone by force or fear and against their will</u>
2. <u>PC 288</u>	<u>Intentionally doing, or trying to do, an obscene, indecent, or lustful act with a person younger than 14 years old</u>
3. <u>WIC 10980(g)(2)</u>	<u>Intentionally using food stamps or EBT worth more than \$950 in an illegal way</u>
4. _____	_____
5. _____	_____

- I understand that the person I want to hire as my provider has been convicted of the criminal felony conviction(s) listed above.
- I understand that this waiver applies only to the crime(s) listed above.
- I understand the county will notify me if it learns that this person is convicted of additional criminal felony conviction(s) in the future, and will be ineligible to be my provider. If that happens, I will be required to file another waiver.
- I understand I will receive a notice when the county has accepted this waiver.
- I understand that, after the county accepts this waiver request, the county will send a timesheet to the provider.

By signing this form, I accept the responsibility for hiring the above-named person to work in my home. I understand the county and the State of California are immune from any liability, due to the risk of any actions that may occur, as a result of my decision to hire him/her.

Signature of Recipient or Recipient's Authorized Representative

Jane Doe

Print Name

2/15/11

Date

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT OF PROVIDER ELIGIBILITY
COUNTY/PUBLIC AUTHORITY/NON-PROFIT CONSORTIUM ACKNOWLEDGEMENT OF
RECEIPT OF WAIVER**

(ADDRESSEE)

COUNTY OF: _____

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Recipient:

On _____, you were informed that, based on Welfare and Institutions Code, Section 12305.87, _____ was denied eligibility to work as an IHSS provider because he/she had been convicted of a felony crime.

On _____, the IHSS program office of the County of _____ received your signed waiver request. By signing the waiver, you understand that you are employing the above-named individual to work for you as an IHSS provider with the knowledge of his/her criminal conviction(s) and that the State of California and the County of _____ are not liable for the actions of this individual while in your employ as an IHSS provider.

He/she may begin work as an IHSS provider for you as of the date of this notice.

If you have any questions about this letter, call _____.