Social Worker Address :___

| NT OF SOCIA | CALIFO | IOME SUPPORTIVE SERVICES (IHSS) | 11 |
|-------------|--|--|--------|
| | Notice Date : | | |
| | Case Name : | | |
| | Case Number : | E: This notice relates ONLY to your In-Home Supportive | N |
| | Social Worker Name : | | |
| | Social Worker Number : | | |
| | Social Worker Telephone : | ORTANT PAPERS. | |
| | Case Name: Case Number: Social Worker Name: Social Worker Number: | E: This notice relates ONLY to your In-Home Supportive rices. It does NOT affect your receipt of SSI/SSP, Social urity, or Medi-Cal. KEEP THIS NOTICE WITH YOUR ORTANT PAPERS. | S S |

(ADDRESSEE)

NOTICE OF ACTION

You must immediately tell the county about any changes that might affect your eligibility or need for IHSS, including any changes in income, property, living arrangements, medical conditions or the ability to work. If you have any questions or think more facts should be considered, call your social worker.

Rules: The rules noted above in parentheses apply; you may review the Manual of Policy and Procedures (MPP) at your local IHSS office.

Questions?: Please contact your IHSS social worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.