

**IN-HOME SUPPORTIVE SERVICES PROGRAM  
NOTICE TO RECIPIENT OF PROVIDER'S FIRST/SECOND VIOLATION  
FOR EXCEEDING WORKWEEK AND/OR TRAVEL TIME LIMITS**

(ADDRESSEE)

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

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

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

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

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

To: In-Home Supportive Services (IHSS) Recipient

In the service month of \_\_\_\_\_, your provider, \_\_\_\_\_,  
MONTH PROVIDER NAME  
exceeded his/her workweek and/or travel time limits by doing one or more of the following:

- Working more than 40 hours in a workweek for you without you getting approval from the county when your maximum weekly hours are 40 hours or less.
- Working more than your maximum weekly hours without you getting approval from the county which caused him/her to work more overtime hours in the month than he/she normally would.
- Working more than 66 hours in a workweek when he/she works for more than one recipient.
- Claiming more than seven (7) hours of travel time in a workweek.

Because your provider exceeded his/her workweek and/or travel time limits, he/she received his/her:

- First Violation
- Second Violation
  - Your provider has the one-time option of reviewing instructional materials and submitting a verification notice to the IHSS office to avoid a second violation.
  - If he/she chooses not to review the instructional materials and submit a verification notice within 14 calendar days, he/she will automatically be given his/her second violation.