

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO PROVIDER
REDUCTION OF TOTAL VIOLATION COUNT**

(ADDRESSEE)

COUNTY OF: _____

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Provider

This notice is to inform you that one of the violations on your record has been removed because you have not received an additional violation in the past twelve months. Therefore, as of the date of this notice, the number of violations on your record has been reduced to _____.

Although this violation has been removed, you could receive another violation at a later time if you fail to follow the workweek and travel time limits for the IHSS program.

If you have any questions about this notice, you may contact your IHSS office at the phone number above.