

**IN-HOME SUPPORTIVE SERVICES PROGRAM  
NOTICE TO RECIPIENT APPROVAL FOR  
PROVIDER TO WORK ALTERNATE SCHEDULE DUE TO RECURRING EVENT**

(ADDRESSEE)

County of: \_\_\_\_\_

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

Recipient Name: \_\_\_\_\_

Recipient Case Number: \_\_\_\_\_

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

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

To: In-Home Supportive Services (IHSS) Recipient

This notice is to inform you that your request to adjust your maximum weekly hours for a specified week of each month due to the monthly recurring event, has been approved. You may have your provider work the additional hours during the specified week of each month.

This means that your maximum weekly hours for one week of the month will be different from the other weeks of the month. Your provider(s) may continue to work this weekly schedule in all later months as long as you continue to have the need for the adjustment due to a recurring event. You must notify the county immediately if the situation changes and you no longer have the need for this adjustment.

Further, if your provider(s) worked these hours, you will need to adjust your work hours by reducing an amount equal to the exception hours approved, before the end of the month to make sure your monthly authorized hours are not exceeded. If you do not adjust your provider's work hours before the end of the month, your provider(s) will not be paid for the excess hours by the IHSS program and you will be responsible for the payment of any service hours worked beyond your authorized monthly hours.

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