

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM RECIPIENT NOTICE OF MAXIMUM WEEKLY HOURS

Notification Date: _____
 Recipient Name: _____
 Recipient Case Number: _____
 Social Worker Name: _____
 Social Worker Number: _____
 Social Worker Telephone: _____
 Social Worker Address: _____

You are receiving this notification to inform you of your authorized maximum weekly hours.

You were sent a notice of action indicating, as of _____, your **monthly authorized hours** are _____.
DATE

Your **maximum weekly hours** are your monthly authorized hours divided by 4.0
_____.

If your monthly hours change, you will receive a notice of action of the change in your monthly authorized service hours. You will also receive another notification reflecting the change in weekly authorized hours.

Your provider(s) will not be paid by the IHSS program for any hours exceeding your maximum monthly hours. If you have your provider(s) work additional hours or provide services that are not allowed by IHSS, then you must pay the provider(s) for those additional hours or services.

As a recipient, you are responsible for creating a work schedule for your provider(s) to ensure that he/she does not work in excess of your maximum number of weekly hours and your monthly authorized hours. If your provider is working for more than one recipient, your provider will only be able to work up to 66 hours each week for you or total combined for you and the other recipients. Each provider is responsible for informing you of the hours he/she will be available to work for you.

Should you have any questions regarding this notification, please contact your IHSS social worker at the number listed on this notification.