

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT OF PROVIDER'S FAILURE TO TIMELY OR COMPLETELY
SUBMIT THE RIGHT TO DISPUTE VIOLATION FOR EXCEEDING WORKWEEK
AND/OR TRAVEL TIME LIMITS FORM (SOC 2272)**

(ADDRESSEE)

COUNTY OF: _____

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Recipient

The Notice to Provider of Right to Dispute Violation for Exceeding the Workweek and/or Travel Time Limits (SOC 2272) form that your provider submitted for review cannot be accepted by the county for one or more of the reasons below:

- The dispute was received more than 10 calendar days from the date indicated on the violation notice informing him/her of the violation.
- The dispute was not signed and/or dated by you or another recipient of your provider.
- The dispute was not signed and/or dated by your provider.

As a result, your provider's violation will remain active. If you have any questions about this notice, you may contact your county IHSS office at the phone number listed above.