

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO APPLICANT PROVIDER OF INCOMPLETE PROVIDER PROCESS
15-DAY NOTIFICATION**

(ADDRESSEE)

COUNTY OF: _____

Notice Date: _____

Applicant Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Applicant Provider

On _____, you began the process of enrolling as an IHSS provider to receive payment from the IHSS program for providing services. At that time, you were informed that you had to complete the four steps of the enrollment process within 90 days of that date. As of the date of this notice, you have not yet completed the step(s) marked below:

- You did not complete, sign or return the IHSS Provider Enrollment Form (SOC 426).
- You did not attend an IHSS Provider Orientation session.
- You did not sign the IHSS Provider Enrollment Agreement (SOC 846).
- You did not submit fingerprints for a California Department of Justice criminal background check.

If you do not complete the marked steps by _____, you will be determined ineligible to enroll as an IHSS provider and to receive payment from the IHSS program for providing services.

If you believe you have completed any or all of the steps marked above or if you have a good cause reason why you will not be able to complete all of the enrollment steps by the above date, you may call the IHSS office at the telephone number listed at the top of this document to ensure that you receive proper credit for completing the necessary steps or may be given extra time to complete the enrollment process.