

# IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO RECIPIENT OF PROVIDER INELIGIBILITY INCOMPLETE PROVIDER PROCESS

(ADDRESSEE)

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

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

Applicant Provider Name: \_\_\_\_\_

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

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

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

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

To: In-Home Supportive Services (IHSS) Recipient

The person you have chosen to employ to provide IHSS services for you, \_\_\_\_\_, is not eligible to receive payment from the IHSS program for providing services to you or to any other person.

He/she did not complete one or more of the required steps of the provider enrollment process listed below.

- He/she did not complete, sign and return the IHSS Provider Enrollment Form (SOC 426) to the county; and/or
- He/she did not attend an IHSS Provider Orientation; and/or
- He/she did not sign an IHSS Provider Enrollment Agreement (SOC 846); and/or
- He/she did not complete a California Department of Justice criminal background check.

Until the individual you have chosen to act as your provider has completed the required steps of the provider enrollment process as listed above, you must choose a different person to provide services. If you choose to continue receiving services from this person before he/she has completed the required steps, you will be responsible for paying him/her with your own money for any services provided.

If you need help finding a different provider, call \_\_\_\_\_ .