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

(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 Due to a criminal conviction, the person you have chosen to employ to provide IHSS services for you,	
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, has been IHSS program for providing services to you	
of Justice criminal background check. This behad been convicted of a crime(s) that merceive payment from the IHSS Program for	is person submitted fingerprints for a California Departmer background check or a court document showed that he/sh akes him/her ineligible to be an IHSS provider and t providing services based on Welfare and Institutions Code alified him/her is/are one or more of the crimes listed below
 Abuse of an elder or dependent Specified abuse of a child; and/o Fraud against a government hea 	
	der's convictions is highly sensitive and must be kept strictlor om sharing any part of this information with any other
Because this applicant provider has been of	letermined to be ineligible to provide services through th

IHSS program, you must choose a different person to provide services. If you choose to continue receiving services from this person, you will be responsible for paying him/her with your own money for

If you need help finding a different provider, call ______.

any services provided.