IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM NOTICE TO RECIPIENT OF PROVIDER’S EXPIRATION OF EXEMPTION FROM WORKWEEK LIMITS

(ADDRESSEE)

COUNTY OF: ____________________________

IHSS Office Address: ____________________________

IHSS Office Telephone: ____________________________

Notice Date: ____________________________

Recipient Name: ____________________________

Case Number: ____________________________

Provider Name: ____________________________

Provider Number: ____________________________

To: In-Home Supportive Services (IHSS) Recipient

As of _____________, your provider listed above was approved for an Exemption from Workweek Limits for Extraordinary Circumstances (Exemption 2).

This notice is to inform you that your provider’s Exemption 2 will be expiring on _____________.

Prior to the expiration of your provider’s Exemption 2, we will review your case to determine whether the circumstances the exemption was based on continue to exist and, if so, we will request a renewal of the Exemption 2 on your provider’s behalf.

If your provider’s exemption is not renewed timely, the maximum number of hours he/she would be able to work in a workweek for two or more recipients combined would be 66 hours.

If you have any questions about this notice, please contact the IHSS Office at the telephone number listed above.