

COUNTY OF

**NOTICE OF ACTION
IN-HOME SUPPORTIVE
SERVICES (IHSS) DENIAL**

STATE OF CALIFORNIA
HEALTH AND HUMAN
SERVICES AGENCY
CALIFORNIA DEPARTMENT
OF SOCIAL SERVICES

(ADDRESSEE)

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NOTE: This notice relates ONLY to your In-Home Supportive Services. It does NOT affect your receipt of SSI/SSP, Social Security, or Medi-Cal. **KEEP THIS NOTICE WITH YOUR IMPORTANT PAPERS.**

Notice Date:

Case Name:

Case Number:

Social Worker Name:

Social Worker Number:

Social Worker

Telephone:

Social Worker Address:

Based on the information you gave the county, and state regulations, your application for In-Home Supportive Services (IHSS) has been denied. Here's Why:

Rules: The applicable Manual of Policies and Procedures (MPP) sections are shown above and may be reviewed at your local IHSS office.

Questions? Please contact your IHSS social worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The State Hearing Rights included with this notice tells how.