COUNTY OF

NOTICE OF ACTION
IN-HOME SUPPORTIVE SERVICES (IHSS) TERMINATION

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

(ADDRESSEE)

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:

Your eligibility for the In-Home for Supportive Services will stop as of _____. Here's why:

Rules: The rules noted above in the parentheses apply; you may review the Manual of Policy and Procedures (MPP) 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 insert included with this notice tells how.