

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT
RESCINDING PROVIDER VIOLATION**

(ADDRESSEE)

COUNTY OF: _____

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Recipient

This notice is to inform you that the incident(s) of violation your provider,
_____, received for the service month of _____
PROVIDER NAME MONTH

has been withdrawn as of the date of this notice.

Although this incident(s) of violation has been withdrawn, your provider could receive another violation at a later time if he/she fails to follow the workweek and travel time limits for the IHSS program.

If you have any questions about this notice, you may contact your IHSS office at the phone number above.