

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT
FAILURE TO COMPLETE WORKWEEK AGREEMENT (SOC 2256)**

(ADDRESSEE)

County of: _____

Notice Date: _____

Recipient Name: _____

Recipient Case Number: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Recipient

You have been identified as a recipient who has or needs more than one IHSS provider. Therefore, you are required to complete an IHSS Program Recipient/Provider Workweek Agreement (SOC 2256) form. Our records indicate that you have not yet completed this form. This form must be completed, signed by you and each of the providers working for you, and returned to the county IHSS office listed above.

If you have any further questions about this notice or need assistance in completing the SOC 2256 form, you may contact your county IHSS office at the phone number above.