
**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO PROVIDER
FAILURE TO COMPLETE WORKWEEK AND TRAVEL AGREEMENT (SOC 2255)**

(ADDRESSEE)

County of: _____

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Provider

You have been identified as a provider who works for more than one IHSS program recipient and has the potential to travel between two or more recipients during a single work day. Therefore, you must complete or resubmit an IHSS Provider Workweek and Travel Agreement (SOC 2255) form.

You are receiving this notice for the following reason(s):

- The county has not yet received a completed form SOC 2255 from you. This form must be completed, signed by you and returned to the county IHSS office listed above in order to verify your workweek and travel information if applicable.
- The form was submitted to the county IHSS office incomplete. All information contained in the form must be completed for the county to fully evaluate and verify your workweek and travel information if applicable.
- The travel information you provided in Part B. Travel Time indicates that your total estimated travel time each workweek will exceed seven (7.0) hours. The maximum amount of time you can spend each workweek traveling between recipient locations is seven (7.0) hours.

If you only work for a single recipient, it is not necessary for you to complete the form SOC 2255. Please contact the county IHSS office immediately to inform the office of this, so that appropriate changes can be made to our records.

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