

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO PROVIDER OF FAILURE TO TIMELY OR COMPLETELY SUBMIT THE
RIGHT TO DISPUTE VIOLATION FOR EXCEEDING WORKWEEK AND/OR TRAVEL
TIME LIMITS FORM (SOC 2272)**

(ADDRESSEE)

COUNTY OF: _____

Notice Date: _____

Recipient Name: _____

Recipient Case Number: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Provider

The Notice to Provider of Right to Dispute Violation for Exceeding the Workweek and/or Travel Time Limits (SOC 2272) form that you submitted for review cannot be accepted by the county for one or more of the reasons below:

- Your dispute was received more than 10 calendar days from the date indicated on the violation notice informing you of the violation.
- Your dispute was not signed and/or dated by you.
- Your dispute was not signed and/or dated by your recipient.

As a result, your violation will remain active. If you have any questions about this notice, you may contact your county IHSS office at the phone number listed above.