

**IN-HOME SUPPORTIVE SERVICES PROGRAM  
NOTICE TO APPLICANT PROVIDER OF PROVIDER INELIGIBILITY  
INCOMPLETE PROVIDER PROCESS**

(ADDRESSEE)

COUNTY OF: \_\_\_\_\_

Notice Date: \_\_\_\_\_

Applicant Provider Name: \_\_\_\_\_

IHSS Office Address: \_\_\_\_\_

IHSS Office Telephone Number: \_\_\_\_\_

To: In-Home Supportive Services (IHSS) Applicant Provider

The county/public authority/non-profit consortium has determined that you are not eligible to be enrolled as an IHSS provider or to receive payment from the IHSS program for providing services. You are not eligible because you did not complete one or more of the required steps of the IHSS provider enrollment process within 90 days of the start of the enrollment process. You did not complete the step(s) marked below:

- You did not complete, sign or return the IHSS Provider Enrollment Form (SOC 426).
- You did not attend an IHSS Provider Orientation session.
- You did not sign the IHSS Provider Enrollment Agreement (SOC 846).
- You did not submit fingerprints for a California Department of Justice criminal background check.

If you believe you have completed all of the steps necessary to be eligible as an IHSS provider or believe you have "good cause" as to why you have not completed all of the required steps within the 90-day timeframe, you may call the IHSS office at the telephone number listed at the top of this document to ensure that you receive proper credit for completing all of the necessary steps or may be given extra time to complete the enrollment process.