IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO PROVIDER OF PROVIDER INELIGIBILITY
TIER 2 CRIMES INELIGIBILITY—SUBSEQUENT CONVICTION
[WELFARE AND INSTITUTIONS CODE SECTION 12305.87]

(ADDRESSEE)

COUNTY OF: _____

Notice Date: _____
Applicant Provider Name: _____
Recipient Name: _____
Recipient Case Number: _____
IHSS Office Address: _____

_____
IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Provider

Effective twenty (20) days from the date of this notice, you are no longer eligible to receive payment from the IHSS program for providing services to your current recipient or to any other person. If you have already begun providing services to your current recipient, you can only be paid for services you provide through _____.

Here's why you are no longer eligible to serve as an IHSS provider:

Since your initial enrollment, the county/public authority/non-profit consortium has learned through a criminal background check that you have been convicted of a crime(s) that makes you ineligible to serve as an IHSS provider or to receive payments from the IHSS program for providing services based on Welfare and Institutions Code, Section 12305.87. The crime(s) which disqualified you is/are shown below:

_____

_____

_____

_____

The recipient has been sent a notice as well, informing him/her that you have been convicted of a crime that makes you ineligible to be employed as an IHSS provider. The recipient has been notified that this conviction information is highly sensitive and must be kept strictly confidential. The recipient is prohibited by law from sharing any part of this information with any other individual or entity.

Even though you have been convicted of the crime(s) listed above, an IHSS recipient can choose to submit to the county a completed SOC 862 form, "IHSS Recipient Request for Provider Waiver," which would allow you to work as an IHSS provider and to receive payment from the IHSS program for providing services to that recipient only and only in the county in which the SOC 862 is filed.

You may also apply for a general exception that would allow you to work as an IHSS provider for multiple recipients and to receive payment from the IHSS program. Please read the enclosed SOC 863 form, "IHSS Applicant Provider Request for General Exception," on how to request a general exception and how to complete the general exception form.

If you disagree with this decision, the enclosed form explains how you can request an appeal. Your written appeal request must be received within sixty (60) calendar days from the date of this letter.

If you believe the information provided to the county/public authority/non-profit consortium IHSS office is incorrect, you must contact the California Department of Justice or the court clerk for the Superior Court of the County of _____ to determine the source of the information and to correct the information contained in the court documents or your criminal background check.

If you have any questions about this letter, you may call the IHSS office telephone number listed at the top of the previous page.