

**IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
NOTICE OF DENIAL OF REQUEST FOR
IN-HOME REASSESSMENT BASED ON STATE LAW CHANGE**

TO:

Notice Date: _____
Case Number: _____
IHSS Office Address: _____
IHSS Office Telephone: _____

Your request for an in-home reassessment has been denied because:

On _____ / ____ / 20__ you asked for a reassessment based on a change in state law which requires all IHSS recipients' authorized services hours to be reduced by ____ percent. Your need for IHSS services has not changed. It has been determined that there has been no change to your physical or mental condition nor has there been a change in your living situation.

Your State Hearings rights are included with this message.