

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO APPLICANT PROVIDER OF PROVIDER INELIGIBILITY
TIER 2 CRIMES (SERIOUS/VIOLENT FELONIES; SEX OFFENDER FELONIES;
FRAUD AGAINST GOVERNMENT AGENCIES)
[WELFARE & 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) Applicant Provider

The county/Public Authority/Non-Profit Consortium has denied your eligibility to be enrolled as an IHSS provider and to receive payment from the IHSS program for providing services.

As part of the provider enrollment process, you submitted fingerprints for a California Department of Justice criminal background check. The background check showed that you had been convicted of a crime(s) that makes you ineligible to be an IHSS provider and to receive payment from the IHSS Program for providing services based on Welfare & Institutions Code, Section 12305.87. The crime(s) which disqualified you is/are listed 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.

If you disagree with this determination, the enclosed SOC 856 form, "To Request Appeal of Provider Enrollment Denial," 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 by the California Department of Justice is incorrect, you must contact the California Department of Justice, Records Review Unit, at (916) 227-3849 to correct the information contained in your criminal background check.

Even though you have been convicted of the crime(s) listed on page 1, 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 have any questions about this letter, you may call the IHSS Office at the telephone number listed at the top of the previous page.