

IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO PROVIDER RESCINDING VIOLATION

(ADDRESSEE)

COUNTY OF: _____

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Provider

This notice is to inform you that the incident(s) of violation you received for the service month of _____, has been withdrawn as of the date of this notice. The reason
MONTH
for the withdrawal of the incident(s) of violation is:

Although this violation has been withdrawn, you could receive another violation at a later time if you fail to follow the workweek and travel time limits for the IHSS program.

If you have any questions about this notice, you may contact your IHSS office at the phone number above.