



---

---

The recipient who has chosen to hire you 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 to the county/Public Authority/Non-Profit Consortium IHSS office is incorrect, you must contact the California Department of Justice, Records Review Unit, at (916) 227-3849, 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 \_\_\_\_\_ .