

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO PROVIDER OF PROVIDER INELIGIBILITY
CRIMINAL BACKGROUND CHECK NEEDED**

(ADDRESSEE)

COUNTY OF: _____

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Provider

The County of _____ has determined that you are not eligible to be enrolled as an IHSS provider and to receive payment from the IHSS program for providing services in that county. Your current county's records show that you were determined ineligible in that county due to a disqualifying criminal conviction and the criminal background check information cannot be transferred between counties.

In order for you to be enrolled as an IHSS provider in another county, you must submit your fingerprints for a California Department of Justice criminal background check and have the results of that background check provided to the new county's IHSS or Public Authority office. If it is still determined that you are ineligible due to a Tier 2 felony criminal conviction, the county will send your recipient notification of the ineligibility along with an IHSS Recipient Request for Provider Waiver (SOC 862). If the recipient wishes you to be his/her provider, he/she must complete the SOC 862 and return it to the county IHSS or Public Authority office for the new county.

If you have any questions about this notice, call _____.