

**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.

## YOUR HEARING RIGHTS

1. You have the right to ask for a conference with the county to talk about this action. At the conference, you can speak for yourself, or someone else (a lawyer, relative, friend, or other person) can speak for you. If you want a conference, contact the county.
2. Whether or not you ask for a conference, you also have the right to ask for a hearing if you disagree with any county action. **You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.**
3. If you ask for a hearing before an action on your In-Home Supportive Services (IHSS) takes place, your services will continue until the hearing. If you make your request in good faith, you will not have to repay any money you receive for services you get pending the hearing, even if the hearing decision says the county's action was right.
4. You can ask for a hearing in person or in writing. You have to say that you want a hearing and tell the reason(s) you want one.
5. You can ask for a hearing on your own or you can ask the county for assistance. Either way, you should tell your worker as soon as possible.
6. At a hearing, you can speak for yourself, or someone else (a lawyer, relative, friend, or other person) can speak for you. You can get free legal help at your local legal aid or welfare rights office. For a legal aid referral, call the toll-free number listed on this page.
7. If you do not want to go to the hearing alone, you can bring a relative, friend, or other person with you.
8. You can review the regulations about hearings at your local IHSS office.
9. Information Practices: The information you give to ask for a hearing is required to process your request according to state law. A case file will be made up for the hearing and you have the right to look at the information in the file. Any information you give may be shared with the county or the United States Department of Health and Human Services.

### TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send this page to:

California Department of Social Services  
 State Hearings Division  
 P.O. Box 944243, Mail Station 8-16-50  
 Sacramento, CA 94244-2430

- Or, call toll free: 1-800-952-5253, or for hearing or speech impaired persons who use TDD, 1-800-952-8349

### REQUEST FOR HEARING

I want a hearing because I disagree with the action of the county regarding my social services. Here's why:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- If you need more space, check box and add a page.
- I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

PERSON WHOSE SOCIAL SERVICES WERE DENIED, CHANGED OR STOPPED

TELEPHONE NUMBER	BIRTH DATE
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STREET ADDRESS

CITY	STATE	ZIP CODE
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SIGNATURE	DATE
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NAME OF PERSON COMPLETING THIS FORM	TELEPHONE NUMBER
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- I want the person named below to represent me at this hearing. I give my permission for this person to see my records and/or go to the hearing for me. (This person can be a friend or relative but this person cannot interpret for you.)

NAME	TELEPHONE NUMBER
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STREET ADDRESS

CITY	STATE	ZIP CODE
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