

**IN-HOME SUPPORTIVE SERVICES PROGRAM
LAPSE OF TEN-YEAR TIMEFRAME FOR TIER 2 CRIME**

(ADDRESSEE)

COUNTY OF: _____

Notice Date: _____

Provider Name: _____

Recipient Name: _____

Recipient Case Number: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Provider

County records show that you are currently enrolled as an IHSS provider based on an individual waiver signed by your recipient. Your recipient was required to complete and sign the individual waiver due to your conviction of a Tier 2 crime.

California law states that anyone who has been convicted, or incarcerated following a conviction, for a Tier 2 crime within the previous ten years may only work as an IHSS provider for a recipient who has completed and signed the individual waiver. According to our records, your ten year timeframe since conviction or incarceration for a Tier 2 crime expired on _____, and you have not been convicted of any other disqualifying crime since becoming an IHSS provider. Therefore, you are now enrolled as an IHSS provider with no restrictions.

However, if you receive a subsequent conviction for a disqualifying crime at a later time, you will again be determined ineligible to work as an IHSS provider for the IHSS program.

If you have any questions about this notice, call the IHSS office at the telephone number listed at the top of this document.