## NOTICE OF ACTION IN-HOME SUPPORTIVE SERVICES (IHSS) TERMINATION

COUNTY OF

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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NOTE: This notice relates ONLY to your In-Home Supportive Services. It does NOT affect your receipt of SSI/SSP, Social Security, or Medi-Cal. KEEP THIS NOTICE WITH YOUR IMPORTANT PAPERS.  (ADDRESSEE)	Case Number :_ Social Worker Name :_ Social Worker Number :_ Social Worker Telephone :_	
Your eligibility for the In-Home for Supportive Services		Here's why

**Rules:** The rules noted above in parentheses apply; you may review the Manual of Policy and Procedures (MPP) at your local IHSS office.

Questions?: Please contact your IHSS social worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.