DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 96814

NOTICE OF REVOCATION ACTION

Action Number: _____

Re: _____

Facility Number: _____

THIS NOTICE IS PROVIDED AS REQUIRED BY SECTIONS 42 UNITED STATE CODE 1382e.

The California Department of Social Services has adopted an administrative hearing decision to revoke the license of the facility named above. The licensee (operator) of the facility has been serviced with a legal order revoking the license, effective_____.

Because of this revocation action, the Social Security Administration may reduce the monthly Supplemental Security Income (SSI) payment of the resident named above from the rate for board-and care to the rate for room-and board. Residence in a licensed community care facility is required for payment of the SSI board-and-care rate. The person responsible for the welfare of the residents in the facility named above, if appropriate, have been sent a copy of the notice.

Sincerely,

_____
Name

_____
Title

_____
District Office

_____
Address

_____
Phone