

**NOTICE OF ACTION  
IN-HOME SUPPORTIVE SERVICES (IHSS)  
DENIAL**

COUNTY OF \_\_\_\_\_

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

Notice Date : \_\_\_\_\_

Case Name : \_\_\_\_\_

Case Number : \_\_\_\_\_

Social Worker Name : \_\_\_\_\_

Social Worker Number : \_\_\_\_\_

Social Worker Telephone : \_\_\_\_\_

Social Worker Address : \_\_\_\_\_

**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)

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Based on the information you gave the county and state regulations, your application for In-Home Supportive Services (IHSS) has been denied. 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.

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