

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO PROVIDER OF SECOND VIOLATION
NO RECORD OF COMPLETION OF REVIEW OF INSTRUCTIONAL MATERIALS**

(ADDRESSEE)

COUNTY OF: _____

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Provider

On _____, you received an IHSS Notice to Provider of First/Second Violation for Exceeding Workweek and/or Travel Time Limits (SOC 2257) and were informed that you were assessed a second violation for exceeding your workweek and/or travel time limits within the service month of _____.

At that time, you were given the opportunity to review instructional materials and submit a verification notice to the IHSS office within 14 calendar days after the date of the notice to avoid being given the second violation. County records show that you have not submitted the verification notice within 14 calendar days. Therefore, the second violation is now in effect.

If you received this notice in error and you have reviewed the instructional materials and submitted the verification to the IHSS office within 14 calendar days after the date of the notice, contact your IHSS office at the telephone number above to receive credit for the instructional review and to have the second violation removed.