

**IN-HOME SUPPORTIVE SERVICES PROGRAM  
NOTICE TO PROVIDER OF FOURTH VIOLATION (ONE-YEAR PERIOD OF INELIGIBILITY)  
FOR EXCEEDING WORKWEEK AND/OR TRAVEL TIME LIMITS**

(ADDRESSEE)

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

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

Provider Name: \_\_\_\_\_

IHSS Office Address: \_\_\_\_\_

IHSS Office Telephone Number: \_\_\_\_\_

To: In-Home Supportive Services (IHSS) Provider

Effective twenty (20) calendar days from the date of this notice, you are no longer eligible to receive payment from the IHSS program for providing authorized services to your current recipient(s) or to any other person for a period of one year.

In the service month of \_\_\_\_\_, you exceeded your workweek and/or travel  
MONTH  
time limits by doing one or more of the following:

- Working more than 40 hours in a workweek for a recipient without the recipient getting approval from the county when that recipient's maximum weekly hours are 40 hours or less.
- Working more than a recipient's maximum weekly hours without the recipient getting approval from the county which caused you to work more overtime hours in the month than you normally would.
- Working more than 66 hours in a workweek when you work for more than one recipient.
- Claiming more than seven (7) hours of travel time in a workweek.

After the one year ineligibility period, to become eligible to be paid by the IHSS program for providing authorized services, you will have to complete all of the provider enrollment requirements again, including the criminal background check, provider orientation, and completion of all required forms.

If you disagree with this decision you may submit the attached county request form to the IHSS office at the address above. You have ten (10) calendar days from the date of this notice to request a county review. The county then has ten (10) business days to review and investigate and make a decision.