

**IN-HOME SUPPORTIVE SERVICES PROGRAM  
NOTICE TO RESCINDING VIOLATION**

**(ADDRESSEE)**

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

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

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

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

\_\_\_\_\_

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

To: In-Home Supportive Services (IHSS) Provider

This notice is to inform you that the incident(s) of violation you received for the service month of \_\_\_\_\_, has been withdrawn as of the date of this

MONTH

notice. The reason for the withdrawal of the incident(s) of violation is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Although this violation has been withdrawn, you could receive another violation at a later time if you fail to follow the workweek and travel time limits for the IHSS program.

If you have any questions about this notice, you may contact your IHSS office at the phone number above.