

**IN-HOME SUPPORTIVE SERVICES PROGRAM  
NOTICE TO RECIPIENT OF PROVIDER INELIGIBILITY  
TIER 2 CRIMES (SERIOUS/VIOLENT FELONIES; SEX OFFENDER FELONIES;  
FRAUD AGAINST GOVERNMENT AGENCIES)  
[WELFARE & INSTITUTIONS CODE SECTION 12305.87]**

(ADDRESSEE)

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

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

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

Recipient Name: \_\_\_\_\_

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

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

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

To: In-Home Supportive Services (IHSS) Recipient

Due to a criminal felony conviction, the person you have chosen to employ to provide IHSS services to you, \_\_\_\_\_, has been denied eligibility to receive payment from the IHSS program for providing services to you or to any other person.

As part of the provider enrollment process, this person submitted fingerprints for a California Department of Justice criminal background check. The background check showed that he/she had been convicted of a crime(s) that makes him/her ineligible to be an IHSS provider and to receive payment from the IHSS program for providing services based on Welfare and Institutions Code, Section 12305.87. The crime(s) which disqualified him/her is/are listed below:

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

This information regarding the applicant provider's convictions is highly sensitive and must be kept strictly confidential. You are prohibited by law from sharing any part of this information with any other individual or entity.

Despite this individual's felony conviction, you may submit a signed waiver that would allow this person to work as your IHSS provider. If you agree to a waiver, you are accepting the responsibility for this decision and the risk of any potential actions that may occur as a result of this decision. You must complete, date, and sign the enclosed SOC 862 form, "IHSS Recipient Request for Provider Waiver," and submit it to the county/Public Authority/Non-Profit Consortium IHSS office.

The waiver will allow this person to serve as an IHSS provider for you only and only in the county in which the waiver is filed, and he/she will receive payment from the IHSS program for providing services to you. This waiver will only apply to the disqualifying crimes listed on page 1. If the provider is convicted of any subsequent disqualifying crime(s), another SOC 862 form must be completed and submitted for that subsequent disqualifying crime.

If this person wishes to provide services for multiple recipients, each recipient must submit a separate signed SOC 862 form or this person must seek a general exception by completing an SOC 863 form, "IHSS Applicant Provider Request for General Exception," and submit it with the requested documentation to the California Department of Social Services.

Without this waiver or general exception, you must choose a different person to provide services. Otherwise, you will be responsible for paying him/her with your own money for any services provided.

Please do not contact the county/Public Authority/Non-Profit Consortium or the California Department of Social Services for any additional information regarding any of the crimes or convictions listed on page 1. Each of these agencies is prohibited under Penal Code Sections 11105 and 13300 from providing any detail regarding any of these crimes or convictions beyond that listed in this notice.

If you need help finding a different provider, call the IHSS office at the telephone number listed at the top of the previous page.