IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE OF NON-RECEIPT OF EXEMPTION FROM WORKWEEK LIMITS PROVIDER AGREEMENT (APD 006)

(ADDRESSEE)

County of: _____
Notice Date: _____
Provider Name: _____
Provider Number: _____
IHSS Office Address: _____
_____
IHSS Office Telephone: _____

To: In-Home Supportive Services (IHSS) Provider

As of DATE, you were approved for an exemption from workweek limits for extraordinary circumstances, which authorized you to work up to 360 hours per month (not to exceed the recipients' authorized hours).

As a condition of being granted an exemption, you were required to sign the IHSS Program Exemption from Workweek Limits for Extraordinary Circumstances Approved Exemption Provider Agreement (APD 006) and return it to the county. The completed APD 006 would affirm that you understand and agree that you cannot work more than 360 hours per month.

As of the date of this notice, the COUNTY IHSS AGENCY has not received your signed APD 006. Failure to sign and return the APD 006 will make you ineligible for renewal of the exemption after the exemption expires on DATE.

Without an approved exemption, you are required to comply with the existing workweek limitations. Therefore, the maximum number of hours you may work in a workweek for two or more recipients combined is 66 hours. The recipients you work for will need to hire another IHSS provider(s) to work any remaining authorized IHSS hours.

If you would like to continue to be eligible for the exemption, please complete, sign, and return the enclosed APD 006 to the IHSS Office Address indicated above by DATE. If you have any questions about this notice, please contact the IHSS Office at the telephone number listed above.