

**REVISED AND NEW FORMS AND NOTICES
FOR USE IN IMPLEMENTING SENATE BILLS 855 AND 873**

NUMBER	TITLE	INTENDED PURPOSE
REVISED FORMS & NOTICES		
SOC 851	IHSS Program Notice to Applicant Provider of Provider Ineligibility – Incomplete Provider Process	To inform the provider that he or she has not completed all the necessary requirements to be enrolled as an IHSS provider. These requirements include completing and signing the Provider Enrollment Form, attending the provider orientation, signing the Provider Enrollment Agreement, submitting fingerprints for the criminal background check, and completing and signing the SOC 2255 if he or she will be providing services for multiple recipients.
SOC 855	IHSS Program Notice to Recipient of Provider Ineligibility Incomplete Provider Process	To inform recipient that the provider chosen is not eligible to receive payment for IHSS services performed.
NEW FORMS & NOTICES		
SOC 2257	In-Home Supportive Services Program Notice To Provider of First/Second Violation for Exceeding Workweek and/or Travel Time Limits	To inform provider of his or her first or second violation.
SOC 2258	In-Home Supportive Services Program Notice to Recipient of Provider’s First/Second Violation for Exceeding Workweek and/or Travel Time Limits	To inform recipient of his or her provider’s first or second violation.
SOC 2259	In-Home Supportive Services Program Notice to Provider of Third Violation and Three-Month Suspension for Exceeding Workweek and/or Travel Time Limits	To inform the provider of his or her third violation resulting in a three-month suspension.
SOC 2260	In-Home Supportive Services Program Notice to Recipient of Provider’s Third Violation and Suspension for Exceeding Workweek and/or Travel Time Limits	To inform the recipient of his or her provider’s third violation resulting in a three-month suspension.

**REVISED AND NEW FORMS AND NOTICES
FOR USE IN IMPLEMENTING SENATE BILLS 855 AND 873**

NUMBER	TITLE	INTENDED PURPOSE
SOC 2261	In-Home Supportive Services Program Notice to Provider of Fourth Violation and Termination for Exceeding Workweek and Travel Time Limits	To inform provider of fourth violation resulting in a one-year termination.
SOC 2262	In-Home Supportive Services Program Notice to Recipient of Provider's Fourth Violation and Termination for Exceeding Workweek Limits	To inform recipient of his or her provider's fourth violation, resulting in a one-year termination.
SOC 2263	IHSS Program Notice to Provider – Rescinding Violation	To inform provider of the rescinding of one of his or her violations by the county.
SOC 2264	IHSS Program Notice to Recipient – Rescinding Violation	To inform recipient of the rescinding of one of his or her provider's violations by the county.
SOC 2265	IHSS Program Notice to Provider – Reduction of Total Violation Count	To inform provider that one of his or her violations has been removed from his or her record due to lack of additional violations in the previous twelve months.
SOC 2266	IHSS Program Notice to Recipient – Approval of Exception to Exceed Hours	To inform recipient of the approval of exception to exceed overtime weekly hours and to inform recipient he or she must adjust the provider's work hours the next week to accommodate any increase.
SOC 2266A	IHSS Program Notice to Provider – Approval of Exception to Exceed Hours	To inform provider of the approval of exception to exceed overtime weekly hours and to inform provider he or she must adjust his or her work hours the next week to accommodate any increase.
SOC 2267	IHSS Program Notice to Recipient – Denial of Exception to Exceed Weekly Hours	To inform recipient of the denial of exception to exceed overtime weekly hours, the reason for this denial, and to inform provider he or she must adjust the provider's work hours the next week to accommodate any increase.
SOC 2267A	IHSS Program Notice to Provider -- Denial of Exception to Exceed Weekly Hours	To inform provider of the denial of exception to exceed overtime weekly hours and to inform provider he or she must adjust his or her work hours the next week to accommodate any increase.
SOC 2268	IHSS Program Notice to Recipient – Approval for Provider to Work Alternate Schedule Due to Recurring Event	To inform the recipient that their provider is approved to work flexible hours, due to a recurring event.

REVISED AND NEW FORMS AND NOTICES
 FOR USE IN IMPLEMENTING SENATE BILLS 855 AND 873

NUMBER	TITLE	INTENDED PURPOSE
SOC 2269	IHSS Program Notice to Provider – Approval to Work Alternate Schedule Due to Recurring Event	To inform the provider that they are approved to work flexible hours for a particular recipient, due to a recurring event.
SOC 2270	IHSS Program Notice to Recipient – Failure to Complete Workweek Agreement	To inform the recipient that SOC 2256 has not been completed and submitted to the county.
SOC 2271	IHSS Program Provider Notice of Recipient Authorized Hours and Services	To inform the provider of his or her recipient’s monthly and weekly authorized hours and of the services the provider is allowed to perform for the recipient.
SOC 2271A	IHSS Program Recipient Notice of Weekly Authorized Hours	To inform the recipient of his or her weekly authorized hours.

DRAFT