

# Administrative Use – Notice to Provider Rescinding Violation

## Reviewer and Violation Information

- Print Date: 04/12/2016
- Reviewer Name: FIRST NAME LAST NAME

## Provider and County Information

- County of: Riverside
- Notice Date: 04/12/2016
- Recipient Name: FIRST NAME R. LAST NAME
- IHSS Office Address:  
1234 Anywhere Avenue  
Sample, CA 00000-0000
- IHSS Office Telephone Number: (000) 000-0000

## Addressee

- Provider Name: FIRST NAME P. LAST NAME
- Provider Mailing Address:  
123 Anywhere Drive  
Sample, CA 00000-0000

## Letter Content

- Service Month: JANUARY 2016
- Violation Type: Working more than 40 hours in a workweek for a recipient without the recipient getting approval from the county when the recipient's weekly hours are 40 hours or less.
- Dispute Outcome Reason: Override