

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM**NOTICE TO RECIPIENT OF APPROVAL OF EXEMPTION FROM THE IN-HOME SUPPORTIVE SERVICES PROGRAM WORKWEEK LIMITS FOR EXTRAORDINARY CIRCUMSTANCES**

(ADDRESSEE)

County of: _____

Notice Date: _____

IHSS Office Address: _____

IHSS Office Telephone: _____

Provider Name: _____

Provider Number: _____

- Initial Exemption
 Exemption Renewal

As of the date of this notice, the request for an exemption is approved for **<complex medical and/or behavioral needs OR rural and/or remote location OR language/communication barriers>**. Your provider will also receive a notice that the exemption request has been approved.

The approval of the exemption means that, while it remains in effect, your provider may work up to a combined total of 360 hours per month for you and the other recipients he/she currently works for. Your provider may not work more than your monthly authorized hours. If the recipients your provider works for, including you, have combined authorized hours that total more than 360 per month, you or one of the other recipients will need to hire another provider(s) to work the hours above 360 per month. If your provider works more than 360 hours per month, it could lead to his/her being ineligible to be a provider in the IHSS program.

The exemption will be in effect until **<Expiration Date>**. Within 60 days from the date of expiration, the county will review your case to determine whether the circumstances the exemption was based on continue to exist and, if so, the county will initiate a renewal of the exemption on your provider's behalf.

If you have any questions, please contact your recipient's IHSS County Social Worker at the IHSS office telephone number above.