

Administrative Use – Notice to Recipient of Rescinding Provider Violation

Reviewer and Violation Information

- Print Date: 04/12/2016
- Reviewer Name: FIRST NAME LAST NAME
- Recipient Written Language: English

Recipient and County Information

- County of: Riverside
- Notice Date: 04/12/2016
- Provider Name: FIRST NAME P. LAST NAME
- IHSS Office Address:
123 Anywhere Drive
Sample, CA 00000-0000
- IHSS Office Telephone Number: (000) 000-0000

Addressee

- Recipient Name: FIRST NAME R. LAST NAME
- Mailing Address:
1234 Anywhere Avenue
Sample, CA 00000-0000

Letter Content

- Provider Name: FIRST NAME P. LAST NAME
- Service Month: JANUARY 2016