

**STATE HEARING REQUEST**

To request a hearing, fill out this page, make a copy for your records and send the original to:

California Department of Social Services  
 State Hearings Division  
 744 P Street, M.S. 9-16-97  
 Sacramento, CA 95814

Or call 1 866-513-5103; TTY: 1-800-952-8349; FAX 1-916-651-2737

I want a state hearing to decide whether my IHSS Provider was correctly terminated. I believe he/she continues to be eligible because prior to December 31, 2010, he/she completed all of the requirements listed below:

- Completed and signed a Provider Enrollment Form (SOC 426) and returned it IN PERSON to the county IHSS Program or IHSS Public Authority, with original documentation verifying identity.
- Submitted fingerprints and passed a criminal background check by the California Department of Justice (DOJ).
- Completed a Provider Orientation.
- Signed and submitted an IHSS Program Provider Enrollment Agreement (SOC 846).

RECIPIENT NAME:		PROVIDER NAME:	
RECIPIENT ADDRESS:		PROVIDER ADDRESS:	
CITY AND STATE:	ZIP CODE:	CITY AND STATE:	ZIP CODE:
RECIPIENT PHONE:		PROVIDER PHONE:	
RECIPIENT DATE OF BIRTH:			
SIGNATURE:		DATE:	

I would like the following person to help me with my hearing:

AUTHORIZED REPRESENTATIVE:	TELEPHONE NUMBER:	
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:

I need the state to provide me with a free interpreter. My language or dialect is\_\_\_\_\_.

**To get help:** You can ask about your hearing rights, or for a legal aid referral, at the toll free state numbers listed above. You may get free legal help at your local legal aid or welfare rights office.