



STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

State Hearings Division

PO Box 944243, MS 9-17-442 Sacramento, CA 94244-2430

PHONE: 800-743-8525 FAX: 1-833-281-0905



GAVIN NEWSOM
GOVERNOR

October 17, 2023

HEARING REQUEST SUMMARY

Case Number: SHN-104946193

Claimant Info: Yang Xiong **Authorized Rep(s):**

9582 VILLAGE TREE DR,

ELK GROVE, CA 95758-1198

(916) 647-7815

(916) 647-7815

DOB: 08/08/1973

SSN: 9820

Preferred Language: ENGLISH

Beneficiaries: Kaleb , Xiong

03/13/2020

Filing Date: October 11, 2023

Responsible Agency: Sacramento County

Issue(s): IHSS (In-Home Supportive Services) - Protective Supervision

Request Type: Written

Appeal Modality: Phone

Expedite Requested: No

EXPEDITE REQUEST:

ISSUE DESCRIPTION:

Claimant is requesting a fair hearing regarding the denial of IHSS benefits.

INCLUDED ATTACHMENTS:

Create an account and manage your appeals online

<https://acms.dss.ca.gov/acms/>