

TO: IN-HOME SUPPORTIVE SERVICES (IHSS) RECIPIENTS

You are receiving this reminder notice because the individual who provides your authorized services has not yet completed the IHSS provider enrollment requirements. Your provider must complete ALL of the steps shown below by December 31, 2010. If your provider does NOT complete ALL of these steps by December 31, 2010, he/she will be terminated and he/she will not be paid by the IHSS Program for any services he/she provides for you after December 31, 2010, until he/she completes ALL of the steps shown below.

To ensure that your provider completes ALL of the steps before the December 31, 2010 deadline, you should encourage him/her to start to complete them NO LATER THAN DECEMBER 1, 2010.

1. COMPLETE AND SIGN A PROVIDER ENROLLMENT FORM (SOC 426).

- Your provider must return the SOC 426 in person to the location designated by the county IHSS Office or IHSS Public Authority.
- When returning the SOC 426, he/she must present original documentation verifying his/her identity, such as an unexpired Driver's License or Identification Card, AND his/her original Social Security card.
- The individual should NOT return the SOC 426 to the State Department of Social Services because this will cause a delay in the processing of his/her information.

2. SUBMIT FINGERPRINTS AND UNDERGO AND PASS A CRIMINAL BACKGROUND CHECK BY THE CALIFORNIA DEPARTMENT OF JUSTICE (DOJ).

- Your provider must follow the instructions provided by the county IHSS Office or IHSS Public Authority for submitting his/her fingerprints at a Live Scan location.
- It can take several days (sometimes even longer) from the time the individual submits his/her fingerprints for the county IHSS Office or IHSS Public Authority to get the results of the criminal background check from DOJ. **To avoid the possibility of a break in your services because your provider is determined to be ineligible as the result of a delay in receipt of his/her information, your provider should complete this step AS SOON AS POSSIBLE.**
- If the results of the criminal background check show that the individual has been convicted of, or incarcerated for, one of the crimes listed below within the last 10 years, he/she is NOT eligible to be an IHSS provider:
 - Abuse of an elder or dependent adult,
 - Specified abuse of a child, or
 - Fraud against a government health care or supportive services program.

3. COMPLETE A PROVIDER ORIENTATION.

- Your provider may either attend an in-person orientation or receive the orientation materials from the county IHSS Office or IHSS Public Authority and review them on his/her own.

4. SIGN THE IHSS PROGRAM PROVIDER ENROLLMENT AGREEMENT (SOC 846).

- By signing the SOC 846 the individual is stating that he/she understands and agrees to the rules and requirements for being an IHSS provider.

If your provider is terminated, you will have to choose another person to provide your services. If you need help finding another provider, you may contact your county IHSS Office or IHSS Public Authority.

Be aware that if you choose to continue to receive services from an ineligible provider after December 31, 2010, you will have to pay for those services from your own money.

If you have any questions about the provider enrollment requirements, contact the county IHSS Office or IHSS Public Authority.

If you do not understand this information or notification, call your county worker. You have the right to interpreter services provided by the county at no cost to you.