

Provider Enrollment Instructions

To become an In-Home Supportive Services (IHSS) provider, you must:

- ✓ Complete the IHSS Provider Enrollment Packet;
- ✓ Attend a mandatory new provider orientation; **and**
- ✓ Be fingerprinted and complete a criminal background check.

All of these requirements must be completed within 90 days from the date you begin the provider enrollment process. In order to be paid as a provider by the IHSS Program, you must be enrolled and approved as a provider. If you do not complete these requirements within the timeframe, you will be found ineligible to work and will not be paid by the IHSS Program.

If you begin providing services prior to completing the enrollment requirements and is ultimately determined to be an eligible provider, you may be eligible to receive retroactive payments for services provided up to a maximum of 90 calendar days from the date you completed the provider enrollment requirements.

If you begin providing services prior to completing the enrollment requirements and is ultimately determined NOT an eligible provider, the IHSS recipient is responsible for paying you for your services.

Existing Providers

If you are an existing or returning provider who has completed the provider orientation **AND** it has been less than one (1) year since you cleared the background check, please e-mail, fax, mail or submit in person to the IHSS office at the address listed above the following:

- ☐ Completed Provider Enrollment Packet. See instructions on page 2.
- ☐ Copy of your signed social security card and your original Resident Alien or Employment Authorization Card **if your Social Security Card states, "Authorization Needed".**

If you moved here from another county and are a current provider, provide a copy of your valid photo identification and social security card.

New Providers

If you are a new provider (not previously enrolled OR it has been 12 months or more since you last worked), please submit/complete:

- ☐ Completed Provider Enrollment Packet. See instructions on page 2.
- ☐ Original signed Social Security Card. Include your original Resident Alien or Employment Authorization Card if your Social Security Card states, "Authorization Needed". **Submit in person at provider orientation**
- ☐ Original valid/unexpired government issued photo identification (CA Driver License or Identification Card, U.S Passport or Military Identification). **Submit in person at provider orientation**

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- ☐ IHSS New Provider Orientation.
 - To attend and complete a remote orientation (online), visit [IHSS Provider Enrollment \(acgov.org\)](https://alamedasocialservices.org/public/services/elders_and_disabled_adults/in_home_supportive_services.cfm)
 - New Provider Orientation Calendar information is available:
 - On the IHSS Website:
https://alamedasocialservices.org/public/services/elders_and_disabled_adults/in_home_supportive_services.cfm;
 - In the IHSS office located at 6955 Foothill Blvd., 1st Floor Suite 143, Oakland, Ca 94605; or
 - The IHSS Payroll Call Center at 510.577.1877
 - Orientations are for providers only – No guests including recipients and children will be permitted.
- ☐ Information regarding Live Scan fingerprinting sites will be provided to you in order for you to complete the criminal background check. **You are responsible for paying for the fees.**

Instructions for Completing the Provider Enrollment Packet

New and Existing Providers

- 1. If you are a new or existing provider, complete the following forms:**
 - SOC 426A IHSS Recipient Designation of Provider (*provider portion required*)
 - W-4, Employee's Withholding Allowance Certificate (*optional*)
 - DE-4 Employee's Withholding Allowance Certificate State (*optional*)
- 2. Submit all required enrollment forms (packet) in one of the following ways:**
 - Email to: IHSSProviderEnrollment@acgov.org
 - Fax to: (510) 577-1803
 - Mail to: In-Home Supportive Services
6955 Foothill Blvd., Suite 300
Oakland, CA 94605
 - Drop-off to: Office Lobby at Suite 143
- 3. Keep the following forms for your records:**
 - PUB 104, IHSS Individual Provider Benefits and Services Information
 - SOC 426C, IHSS California Code Sections
 - SOC 847, Important Information for Prospective Providers About the IHSS Provider Enrollment Process
 - Facts about Workers' Compensation
 - 72-16, Universal Precautions Notification

IHSS Recipients

- 1. If you are the recipient, complete the following forms:**
 - SOC 426A, IHSS Recipient Designation of Provider (*required*)
 - **If you are terminating a former provider:**
 - 70-19, Provider Leave or Discontinuance (*optional*)

For assistance, please call (510) 577-1877. Thank you.