

IHSS Individual Provider (IP) Enrollment Checklist

Before attending an enrollment session, please complete and bring the following to the enrollment session:

- Complete the In-Home Supportive Services (IHSS) Program Provider Enrollment Form (**SOC 426**).
- Complete the In-Home Supportive Services (IHSS) Program Recipient Designation of Provider Form (**SOC 426A**).
The consumer must sign this form.
- Have available \$40.00 in cash, cashier's check, or money order, made payable to Certifix Live Scan. This is the fee for your background check.

(You may choose to complete your fingerprint scanning with a vendor, elsewhere. If so, you must go to one of our enrollment session locations to pick up a Live Scan form for your background check request. Then you will need to locate a Live Scan vendor, have your fingerprints scanned, and submit the completed form to us when you come back to attend an enrollment session.)

- Bring your **original** Social Security card and one form of identification (see list on page two of the cover letter, of acceptable forms of ID). The name on your social security card and proof of identity must match.
- For a listing of enrollment sessions dates, times, and locations, please see the orange flyer included in this packet.

You **must** attend an enrollment session in order to submit the paperwork mentioned above and provide proof of identification. **If you are missing any of the forms mentioned above, please contact the Provider Enrollment Department at (866) 351-7722. Please do not bring these forms to IHSS or Public Authority offices.**