



IHSS Provider Enrollment Checklist

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

- Complete the IHSS Program Provider Enrollment Form (**SOC 426**).
- Complete the IHSS Program Recipient Designation of Provider Form (**SOC 426A**). **The Consumer must sign this form.**
- Complete the Applicant Information section, highlighted in yellow, on the Request for Live Scan form (BCII 8016).
- Have \$38 in cash or money order (payable to Certifix Live Scan) available for your background check.
- 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 session dates, times, and location, please see the flyer included in this packet.

If you are missing any of the forms mentioned above, please contact the Provider Enrollment and Training Department at (866) 351-7722. Please do not bring and/or mail these forms to IHSS or Public Authority offices. These forms must be submitted in person at an enrollment session.