



Due to the Coronavirus Pandemic (COVID-19) we are temporarily modifying the IHSS provider enrollment process.

You must complete the steps below to begin the enrollment process:

1. Fill in **pages 3-5** of the “IHSS Program Provider Enrollment” form (SOC 426).
2. **Recipient** or Authorized Representative must fill in **pages 1 & 3** of the “IHSS Program Recipient Designation of Provider” form (SOC 426A) -Recipient or Authorized Representative’s **signature is required**.
3. Read the “IHSS Provider Orientation Guide” enclosed or watch the “Mandated IHSS Provider Orientation” video on our website at www.sdihsspa.com. **Read and Sign** the “IHSS Program Provider Enrollment Agreement” (SOC 846).
4. **Get fingerprinted** to complete the background check process. **Take** the “Request for Live Scan Service” form enclosed to a Live Scan operator. After fingerprinting **save the pink copy**. A list of live scan locations is included for your convenience.

Make sure all documents are filled out completely to avoid delay. After completing the steps above, mail the 4 documents in the enclosed self-addressed envelope.

We will notify you when our offices are open. At that time, you will be given instructions on how to complete your enrollment. Until then, you are not enrolled as an IHSS provider.

If applicable, you may be eligible for retroactive pay for hours worked.

Thank you,

Provider Enrollment and Training Department

Quality Service = Quality Care