



Department of Adult & Aging Services  
In-Home Supportive Services

**CHORE PROVIDER ENROLLMENT FORM**

**SECTION 1: RECIPIENT/CLIENT INFORMATION – please print or type**

<b>RECIPIENT’S NAME:</b> _____ <small>(FIRST) (LAST)</small>	<b>PHONE #:</b> _____
<b>RECIPIENT’S ADDRESS:</b> _____ <small>(STREET) (CITY) (ZIP CODE)</small>	

**SECTION 2: RECIPIENT’S IHSS HOURS - to be completed by the recipient/client**

<p>1. My <b>total</b> number of authorized In-Home Supportive Services (IHSS) hours per month is _____.</p> <p>2. My <b>new chore provider</b> will (<i>please check <u>one</u> of the following boxes</i>):</p> <p><input type="checkbox"/> Work <b>all</b> of my authorized IHSS monthly hours beginning _____.  <small>(month/day/year)</small></p> <p><input type="checkbox"/> <b>Share</b> my IHSS monthly hours with my <b>current chore provider(s)</b> as listed below in <b>Section 3</b>.</p> <p>3. Are you <b>terminating</b> any of your providers at this time?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><i>If you answered ‘Yes,’ please complete the attached “Chore Provider Leave Status/Discontinuance of Employment ” form.</i></p>
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**SECTION 3: CURRENT PROVIDERS – to be completed by the recipient/client**

If you are hiring a new provider (home care worker) to work some of your IHSS hours, we need to know who will be working the rest of your hours. **Please list below all the providers** who will be working for you, including your new provider. (If your new provider will work all your IHSS hours, you can skip this section.)

Name of Provider	Number of Hours per Month	Start Date for These Hours <small>(month/day/year)</small>

**Total number of hours per month:** \_\_\_\_\_ (*Add together all the hours above.*)

⇒ This number should **equal** your authorized IHSS monthly hours.

\_\_\_\_\_  
**Recipient (or Authorized Representative) Signature**

\_\_\_\_\_  
**Date**

**SECTION 4: CHORE PROVIDER INFORMATION – to be completed by the new chore provider**

<p><b>CHORE PROVIDER'S NAME (please print):</b> _____ (FIRST) (LAST)</p> <p>Complete the following if <u>different</u> from the address that you listed on the "Personal Care Services Program Provider Enrollment Agreement":</p> <p><b>RESIDENTIAL ADDRESS:</b> _____ (STREET) (CITY) (ZIP CODE)</p>
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**The new provider must present the following documents to county staff at the time of enrollment:**

1) **One of the following forms of current (not expired) photograph identification:**

- Valid California Drivers License or California Identification card
  - Do not submit a receipt from the Department of Motor Vehicles (DMV) showing that you ordered a new drivers license or ID card. A receipt is not a valid form of identification.
- Passport
- U.S. military or other government ID card
- Resident Alien Card ("green card")
- Valid student ID card issued by an accredited college or university

2) **Social Security Card**

**NOTE:** Your name on your signed Social Security Card **must match** your name on your picture ID. If your Social Security Card states "*Valid for work only with INS authorization,*" you **must present a copy of your work authorization** such as a Resident Alien Card or an Employment Authorization Card.

Do not submit a receipt from the Social Security Administration showing you ordered a new Social Security Card. A receipt is not a valid form of identification.

**Bring this completed, signed form with chore provider's original current photo identification and Social Security Card, along with the completed/signed "In-Home Supportive Services Chore Provider Agreement" to:**

**BEFORE June 30th**

IHSS Enrollment Center  
393 13<sup>th</sup> St.  
Oakland CA  
Monday through Thursday 9:30-12 and 1-3:00

**After June 30<sup>th</sup>**

Alameda County Social Services Agency – on designated enrollment days only.  
Department of Adult and Aging Services  
6955 Foothill Blvd., Suite 300  
Oakland, CA 94605

**NOTE:** If you do not provide **all** the information and documentation requested, we will be **unable** to enroll the provider. *If you have any questions, please call the Payroll Call Center at (510) 577-1877 Monday through Friday, between 9:00 AM and 12:00 PM.*

<p><u>For County use only:</u>      PCSP      –      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
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