



Instructions for IHSS Provider Employment/Income Verification Requests

All employment and/or income verification requests for In-Home Supportive Service (IHSS) providers must be submitted to the IHSS Program office for processing.

A current or former provider may submit requests on their own behalf. A third party (*i.e., financial institution, housing authority, etc.*) may submit a request with signed authorization from the provider.

Information shall be sent via the *IHSS Program Employment/Income Verification Letter (Form 70-24)* along with any necessary attachments and limited to the following:

Provider's Name	Date of Hire/Separation	Hourly Pay Rate
Monthly Authorized Hours	Monthly Gross Income	Year to Date Income (current)

*Prior years may be provided upon request.

IHSS Provider Requests

A current or former IHSS provider must complete the [IHSS Request for Verification of Employment/Income \(Form 70-23\)](#) and submit any of the following ways:

- 1) **In person** at: 6955 Foothill Blvd, Suite 143, Oakland, CA 94605
- 2) **By mail** to: 6955 Foothill Blvd, Suite 300, Oakland, CA 94605-2409
- 3) **By fax** to: (510) 577-1819

A provider may also submit a request by phone at: **(510) 577-1813**. To authorize a release by phone, the provider's identity must be verified with information available in their record. All information must match the county's records.

Third-Party Requests

A third-party requestor is required to obtain signed authorized from the IHSS provider prior to the release of any information. Third parties may provide their own request form for completion as long as written authorization is obtained. Otherwise, they may complete the *IHSS Request for Verification of Employment/Income (Form 70-23)* and submit by mail or fax provided above.

The **Form 70-23** and other provider related forms may be downloaded from the IHSS Website at: https://alamedasocialservices.org/public/services/elders_and_disabled_adults/in_home_support/ihss_app.cfm

For additional questions, please contact the IHSS Call Center at: **(510) 577-1800**.