

## IN-HOME SUPPORTIVE SERVICES (IHSS) / WAIVER PERSONAL CARE SERVICES (WPCS) EMPLOYMENT / WAGE VERIFICATION REQUEST FORM

### SECTION I. PROVIDER INFORMATION

PROVIDER NAME (LAST, FIRST NAME)		
PROVIDER MAILING ADDRESS		
CITY	STATE	ZIP CODE
PROVIDER NUMBER	LAST FOUR (4) OF SSN	
EMAIL ADDRESS	PROVIDER PHONE NUMBER	

### SECTION II. REQUESTER INFORMATION

NAME OF INDIVIDUAL, AGENCY, OR BUSINESS REQUESTING VERIFICATION		
ADDRESS		
CITY	STATE	ZIP CODE
FAX NUMBER (if applicable)	FAX TO THE ATTENTION OF	
EMAIL ADDRESS		

### SECTION III. INFORMATION REQUESTED (CHOOSE ONE OR BOTH OF THE FOLLOWING)

- Employment Verification
  Wage Verification

**SECTION IV. DELIVERY OPTIONS (CHOOSE ONE OF THE FOLLOWING)**

Mail Verification To:     Myself (Provider)     Business of Agency listed above

Fax Verification To:     Business Fax listed above

Email Verification To:     Provider Email listed above     Business Email listed above

**SECTION V. AUTHORIZATION TO RELEASE INFORMATION**

In compliance with Government Code 6253.2 and Civil Code 1798 et seq, I hereby give my consent and authorize my local county In Home Supportive Services (IHSS) Office to release my employment/wage information to the individual, agency or business named in Section II, or myself. I understand that IHSS will rely on this authorization to provide an employment and wage verification which, according to Civil Code 1798.24, will expire after 30 days. I understand IHSS is not the employer of record for IHSS or WPCS providers, and cannot provide information regarding employment performance, medical conditions, or leave balances. I understand and I agree that this release of information will contain my entire employment/wage history and the terms of this agreement are contractual and has been read and fully understood by the undersigned. Furthermore, this consent shall be governed by the laws of the State of California.

I acknowledge that by providing my electronic signature for this form, I agree my electronic signature is the legal binding equivalent to my handwritten signature. I hereby confirm that my electronic signature represents my execution of authentication of this form, and my intent to be bound by it.

PROVIDER'S SIGNATURE	DATE
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