



New Timesheet Process for In-Home Supportive Services (IHSS)

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Department of Public Social Services

In-Home Supportive Services (IHSS) Program/ CMIPS II Project

Personal Assistance Services Council (PASC)

**Service Employees International Union United Long Term Care Workers
(SEIU ULTCW)**

Changes to IHSS

- On **September 3rd, 2013**, Los Angeles County IHSS will implement a new computer system that improves time sheet & payroll processing – **Case Management, Information and Payrolling System II (CMIPS II)**.
- All California counties will use the same computer system.
- The IHSS time sheet will be different.
- You can no longer submit time sheets to the local office.
- Your provider number will change (no longer your social security number).
- Your consumer's case number will change.

In this presentation, you will learn about:

- Changes to the IHSS Timesheet Process:
 - About the new IHSS timesheet
 - Where to send your new timesheet
 - Centralized Timesheet Processing Facility (TPF) in Chico, California.
- How to:
 - Complete the new timesheet correctly.
 - Avoid timesheet rejections & obtain a replacement timesheet.
 - Complete a change of address.

New Timesheet (Front)

How to Fill In Timesheet

Recipient	JOHN SMITH		Hours Submitted	H 63	M 00																																																																															
Provider	JANE DOE		Hours Not Paid	H 1	M 15																																																																															
Service Period:	12/16/2011 to 12/31/2011	Process Date:	01/06/2012	Hours Paid	H 61																																																																															
			Pay Rate	\$ 8.00	M 45																																																																															
Record your daily hours and minutes like these samples			Timesheet #	123456789123																																																																																
<table border="1"> <tr> <td>Hours</td> <td>Minutes</td> <td></td> <td></td> </tr> <tr> <td>45 Minutes</td> <td>4 : 45</td> <td></td> <td></td> </tr> <tr> <td>30 Minutes</td> <td>6 : 30</td> <td></td> <td></td> </tr> <tr> <td>10 Hours</td> <td>1 : 00</td> <td></td> <td></td> </tr> <tr> <td>Total Time</td> <td>2 : 15</td> <td></td> <td></td> </tr> </table>			Hours	Minutes			45 Minutes	4 : 45			30 Minutes	6 : 30			10 Hours	1 : 00			Total Time	2 : 15			<table border="1"> <thead> <tr> <th></th> <th>Current</th> <th>YTD</th> </tr> </thead> <tbody> <tr><td>Gross</td><td>.00</td><td>.00</td></tr> <tr><td>Payment Adj</td><td>.00</td><td>.00</td></tr> <tr><td>Federal/EIC</td><td>.00</td><td>.00</td></tr> <tr><td>Addt Federal</td><td>.00</td><td>.00</td></tr> <tr><td>State</td><td>.00</td><td>.00</td></tr> <tr><td>Addt State</td><td>.00</td><td>.00</td></tr> <tr><td>FICA</td><td>.00</td><td>.00</td></tr> <tr><td>Medicare</td><td>.00</td><td>.00</td></tr> <tr><td>SDI/DIEC</td><td>.00</td><td>.00</td></tr> <tr><td>Share of Cost</td><td>.00</td><td>.00</td></tr> <tr><td>Recovery</td><td>.00</td><td>.00</td></tr> <tr><td>Lien</td><td>.00</td><td>.00</td></tr> <tr><td>Health</td><td>.00</td><td>.00</td></tr> <tr><td>Dues</td><td>.00</td><td>.00</td></tr> <tr><td>Health Trust</td><td>.00</td><td>.00</td></tr> <tr><td>COPE/PEOPLE</td><td>.00</td><td>.00</td></tr> <tr><td>Initiation</td><td>.00</td><td>.00</td></tr> <tr><td>Other Insurance</td><td>.00</td><td>.00</td></tr> <tr><td>Net Pay</td><td>.00</td><td>.00</td></tr> </tbody> </table>			Current	YTD	Gross	.00	.00	Payment Adj	.00	.00	Federal/EIC	.00	.00	Addt Federal	.00	.00	State	.00	.00	Addt State	.00	.00	FICA	.00	.00	Medicare	.00	.00	SDI/DIEC	.00	.00	Share of Cost	.00	.00	Recovery	.00	.00	Lien	.00	.00	Health	.00	.00	Dues	.00	.00	Health Trust	.00	.00	COPE/PEOPLE	.00	.00	Initiation	.00	.00	Other Insurance	.00	.00	Net Pay	.00	.00
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How To Fill In Timesheet

1. Enter the **hours** and **minutes** worked in the boxes next to the date you worked.
2. **Only** use blue or black pen.
3. **Do Not** write on timesheet except in hours, minutes, signature, and date boxes.
4. The IHSS Program will **Not** pay over authorized hours.
5. Payment will be based on daily hours.
6. **Do Not** cross out or white out on the timesheet.
7. Be sure both Recipient and Provider have signed and dated on back of timesheet.
8. **Do Not fold the timesheet.**

Gross/ Net income and deduction information



Detach timesheet before mailing (Save the top portion for your information)

Timesheet # 123456789 Pay Period - 01/01/2012 to 01/15/2012

Provider #	123456789	Type	IHSS
Provider Name	JANE DOE	Hours	123:45
Recipient Case #	05-1234567		
Recipient Name	JOHN SMITH		

Fill in time for each day worked
 Anote el tiempo para cada día que en haya trabajado.
 L'pangrteb wutsh, opshu, wzhjwuwuwsh churfbpne
 填寫每日工作的時數

Days of the Month	Hours	Minutes
1st		
2nd		
3rd		
4th		
5th		
6th		
7th		
8th		
9th		
10th		
11th		
12th		
13th		
14th		
15th		
Total		

Pay based on daily hours
 Pago basado en las horas diarias
 款項將會依據每日的時數

Complete and mail the bottom of your timesheet only.

New Timesheet (Front)

Provider ID
Provider Name
Recipient Case Number
Recipient Name

Provider #	123456789	Type	
Provider Name	JANE DOE	IHSS	
Recipient Case #	05-1234567	Hours	
Recipient Name	JOHN SMITH	123:45	

Provider Authorized Hours (for the month)*

Barcode



Timesheet number & Pay Period

Timesheet # 123456789
 Pay Period - 01/01/2012 to 01/15/2012

Anote el tiempo para cada día que en haya trabajado.
 Լրացրեք ամեն օրվա աշխատած ժամերը
 填寫每日工作的時數

Days of the Month	Hours	Minutes
1st		
2nd		
3rd		
4th		
5th		
6th		
7th		
8th		
9th		
10th		
11th		
12th		
13th		
14th		
15th		
Total	0 0	0 0

Total :

Pay based on daily hours
 Pago basado en las horas diarias
 Վարձավճարը՝ ըստ օրական աշխատածամի
 款項將會依據每日的時數

New Timesheet (Back)

Cómo llenar el reporte de horas trabajadas

1. Anote las **horas y minutos** trabajados en las casillas al lado de la fecha en que trabajó.
2. **Solamente** use una pluma con tinta azul o negra.
3. **Solamente** escriba en las casillas para horas, minutos, firma y fecha del reporte de horas trabajadas.
4. El Programa de Servicios de Apoyo en el Hogar (IHSS) **no** pagará más de las horas autorizadas.
5. El pago estará basado en las horas diarias.
6. **No** tache ni use corrector blanco en el reporte de horas trabajadas.
7. Asegúrese que el beneficiario y el proveedor hayan firmado y puesto la fecha en el reverso del reporte de horas trabajadas.
8. **No doble el reporte de horas trabajadas.**

Ինչպես լրացնել ժամանակացույցը

1. Ներմուծեք աշխատած ժամերն ու րոպեները ձեր աշխատած օրվա ամսաթվի կողքը՝ բառակառու մեջ:
2. Օգտագործեք միայն կապույտ կամ սև գրիչ:
3. Մի գրեք ժամացուցակի վրա, բացի ժամերից, րոպեներից, ստորագրությունից և ամսաթվից:
4. IHSS ծրագիրը լիազորված աշխատատեղից դուրս չի վճարի:
5. Կարծավաբոր կլինի դառ օրական աշխատատեղի:
6. **Մի գծեք** կամ սպիտակացրեք ժամացուցակի վրա:
7. Համոզված եղեք որ եւ սպասարկողը, եւ ստացողը ստորագրեն եւ ամսաթիվը կշեն ժամացուցակի ետևում:
8. Մի ծալեք ժամացուցակը:

如何填寫時間表

1. 在你工作日期旁的方匣填寫工作的時數和分鐘。
2. 只能使用藍色或黑色鋼筆。
3. 除了在時數、分鐘、簽名、和日期的方匣外，不要在時間表其它地方書寫。
4. IHSS計劃不會支付多過特許的時數。
5. 款項將會依據每日的時數。
6. 不要在時間表上刪劃或使用塗改液。
7. 確定接受者和服務提供人在時間表背面簽名和填上日期。
8. 請勿摺疊時間表。

Detach Timesheet before mailing (Save the Top portion for your information)

I declare that the information on this timesheet is true and correct. I understand that any false claim may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties.

Declaro que la información en este reporte de horas trabajadas es verdadera y correcta. Entiendo que cualquier declaración falsa puede ser enjuiciada bajo las leyes federales y estatales y que si me condenan de fraude, es posible que también esté sujeto a sanciones civiles.

Ես հայտարարում եմ, որ այս հաշվեցուցակում ներկայացված տեղեկությունը ճշմարիտ և ճշգրիտ է: Ես հասկանում եմ, որ յուրաքանչյուր կեղծ հայտարարություն կարող է հետապնդվել դատական կարգով Դաշնային և Նահանգային օրենքների համաձայն, և, եթե ես դատապարտվեմ խարդախության համար, ապա ես կարող եմ լաս ներարկվել քաղաքացիաիրավական պատժամիջոցների:

我聲明在這時間表的資料是真實和正確的。我明白任何偽造的申請會被聯邦和州法律所檢控，而且如果詐騙罪名成立，我也可能也將受到民事處罰。

Mail Detached Timesheet To: IHSS Timesheet Processing Facility, PO BOX 2380 Chico, CA 95927-2380

Recipient Signature	Signature	Provider Signature	Signature
<small>Recipient Signature</small>		<small>Provider Signature</small>	<small>Date</small>

-Do Not Fold Timesheet-

Instructions on how to complete the timesheet in Spanish, Armenian and Chinese



Timesheet with missing signatures will be rejected and your payment will be delayed!

Where do I mail the new timesheet
for processing?

IHSS Timesheet Processing Facility

P.O. Box 2380

Chico, CA 95927-2380

All new timesheets must be **MAILED** to the
IHSS Timesheet Processing Facility in the envelope
provided.

**Your local IHSS office will no longer accept
timesheets.**

Timesheet Processing Facility

Provider mails timesheet

Timesheet arrives at the Timesheet Processing Facility (TPF)

Timesheet is scanned and processed

CMIPS II sends information electronically to the State Controller's Office (SCO)

SCO mails warrants and direct deposit statements

Direct deposit accounts are credited. Correctly completed timesheets can take up to 10 business days to process.

Time sheets with Errors

Provider mails time sheet

Time sheet arrives at the TPF

TPF scans and time sheet but it has an error.

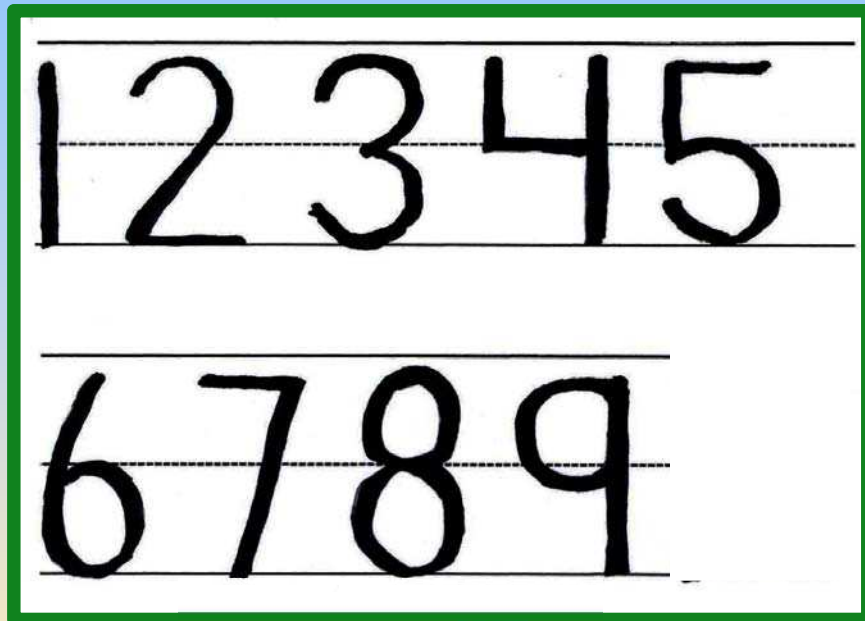
Time sheet is sent back to Los Angeles electronically

Depending on the error, LA will mail a replacement time sheet to the provider

If there is an eligibility problem, the county determines next steps.

Completing the new timesheet

Scanning equipment will be “reading” the new timesheet.
It is important that you “print” your numbers.



If numbers are not written
clearly on the **new timesheet**,
your paycheck will be delayed.

How to complete the new timesheet

- ✓ Use **black ink**. Using any other color pen or pencil will delay your payment.
- ✓ Enter the hours you worked next to the date worked.
- ✓ Enter time in hours and minutes (HH:MM)
 - ✓ like a digital clock: **No more decimals!**
- ✓ Total the hours worked.
- ✓ Do not write more than 24 hours in a work day.
- ✓ Do not fold your timesheet.



Provider #	123456789	Type	
Provider Name	JANE DOE	IHSS	
Recipient Case#	05-1234567	Hours	
Recipient Name	JOHN SMIT	12	

Fill in time for each day worked
 Anote el tiempo para cada día que haya trabajado
 Լրացրեք ամեն օրվա աշխատած ժամը
 填寫每日工作的時數

Days of the Month	Hours	Minutes
1st		
2nd	7	3 0
3rd	5	2 0
4th	2	1 0
5th	3	3 0
6th	4	5 0
7th		
8th		
9th	2	2 0
10th	3	1 0
11th	5	5 0
12th	4	1 0
13th	1	0 0
14th		
15th		
	0 0	0 0

Timesheet # 123456789
 Pay Period - 01/01/2012 to 01/15/2012

Total hours: 39 : 50

Pay based on daily hours
 basado en las horas diarias
 Հարկված էրը՝ ըստ օրական աշխատածամյի
 款項將會依據每日的時數

Your **IHSS** Recipient will tell you the hours you are authorized to work.

Claiming more hours than you are authorized to work on any pay period **will delay your paycheck!**

When completing the new timesheet

Provider #	123456789	Type	
Provider Name	JANE DOE	IHSS	
Recipient Case#	05-1234567	Hours	
Recipient Name	JOHN SMITH	123:45	

Fill in time for each day worked
 Anote el tiempo para cada día que en haya trabajado.
 Լրացրե՛ք ամեն օրվա աշխատանքի ժամերը
 填寫每日工作的時數

Days of the Month	Hours	Minutes	Minutes
1st	1	3	0
2nd			
3rd	2	4	5
4th			
5th	1	0	0
6th			
7th	3	1	5
8th			
9th			
10th			
11th			
12th	2	1	5
13th	1	3	0
14th			
15th			
Total	0	0	0

Timesheet # 123456789
 Pay Period - 01/01/2012 to 01/15/2012

Total :

Pay based on daily hours
 Pago basado en las horas diarias
 Վարձավճարը ըստ օրական աշխատանքի
 款項將會依據每日的時數

CORRECT

Remember to :

- ✓ Test your pen before completing your timesheet
- ✓ Write only **one** number per box
- ✓ Stay within the lines
- ✓ Sign and date the back of the **timesheet!** (you and the recipient)



How to avoid timesheet rejections:

Provider #	123456789	Type
Provider Name	JANE DOE	IHSS
Recipient Case #	05-1234567	Hours
Recipient Name	JOHN SMITH	123:45

Fill in time for each day worked
note el tiempo para cada día que en haya trabajado.
աղբեր ամեն օրվա աշխատած ժամերը
填寫每日工作的時數

Days of the Month	Hours	Minutes
1st	X	X
2nd	1	.25
3rd	3	20
4th		
5th	2	12
6th		
7th	4 15	10 10
8th		
9th	1 1	
10th		
11th	HOSPITAL	
12th	1	1
13th	1	1
14th		
15th	0	20
16th	0	41

Timesheet # 123456789

Pay Period - 01/01/2012 to 01/15/2012

INCORRECT

- Do not use **fractions** (1/2, 3/4), **decimals** (1.25) or **symbols** (x, *, -, /).
- Do not **erase, write-over, or scribble** on the timesheet.
- Do not use **correction fluid (white-out)** to correct a mistake.
- Do not include **anything else** with the timesheet (Change of Address form or notes to your Social Worker)

Making any of these mistakes will cause your timesheet to be rejected and your paycheck will be delayed.



What if I make a mistake on my timesheet?

1. Submit your timesheet anyway

2. Or you can request a replacement timesheet

Provider #	123456789	Type	
Provider Name	JANE DOE	IHSS	
Recipient Case #	05-1234567	Hours	
Recipient Name	JOHN SMITH	123:45	

FBI in time for each day worked
 Anote el tiempo para cada día que en haya trabajado.
 Լրացրե՛ք ամեն օրվա աշխատանք ժամերը

Days of the Month	Hours	Minutes	Timesheet #
1st	1	30	23456789
2nd	1	30	
3rd	2	45	
4th			
5th	1	00	
6th			
7th	3	15	
8th			
9th			
10th			
11th			
12th	2	15	
13th	1	30	
14th			
15th			

Pay Period - 01/01/2012 to 01/15/2012

Total	21	15
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Pay based on daily hours
 Pago basado en las horas diarias

Հարավճարք՝ բառ օրական աշխատանքով
 款項將會依據每日的時數

Draw a line through your mistake and correct the hours.

But do not initial the correction

Call your local IHSS Customer Service Hotline or IHSS Provider Clerk to request a replacement timesheet.

IHSS Customer Service Hotlines

Burbank	(866) 544-9048
Chatsworth	(888) 822-9622
Lancaster	(866) 514-9911
El Monte	(888) 322-2204
Pomona	(866) 465-0905
Metro	(866) 512-2857
Hawthorne	(866) 512-2856
Rancho Dominguez	(888) 896-0044

When do I mail timesheets?

March 2013

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 8:00	2 4:30
3 4:30	4 8:00	5 8:00	6 4:15	7 5:45	8 3:15	9 4:30
10 4:30	11 8:00	12 8:00	13 4:00	14 6:00	15 3:15	16



- Mail your timesheet at the end of the pay period.
- Keep track of the hours you worked on a calendar, so that you can enter the time you worked correctly.

If you send your timesheet **BEFORE** the end of the pay period, your timesheet will be rejected causing payment delay!

When to mail your timesheet

Month/ Year	Mail the Part A (1-15th) timesheet on:	Mail the Part B (16-30/ 31st) timesheet on:
April 2013	April 15 th	April 30 th
May 2013	May 15 th	May 31 st
June 2013	June 15 th	July 1 st *
July 2013	July 15 th	July 31 st
August 2013	August 15 th	August 31 st
September 2013	September 16 th *	September 30 th
October 2013	October 15 th	October 31 st
November 2013	November 15 th	November 30 th
December 2013	December 16 th *	December 31 st

* The 15th or the 30th/31st of the month falls on a Sunday or a Holiday

What will NOT Change:

You will continue receiving your timesheet in the mail with your paycheck or your paystub if you receive direct deposit.



If your timesheet has no mistakes, you should receive your payment **within 10 business days**.

CORRECT

056789	Type
JANE DOE	IHSS
05-1234567	Hours
JOHN SMITH	123:45

Fill in time for each day worked
Anote el tiempo para cada día que en haya trabajado.
L'emplopwr awrthw awrthw awrthw awrthw awrthw
填寫每日工作的時數

Days of the Month	Hours	Minutes
1st	1	30
2nd		
3rd	2	45
4th		
5th	10	00
6th		
7th	3	15
8th		
9th		
10th		
11th		
12th	2	15
13th	1	30
14th		
15th		
Total	21	15

Timesheet # - 123456789
Pay Period - 01/01/2012 to 01/15/2012

Pay based on daily hours
Pago basado en las horas diarias
款項將會依據每日的時數



If it has been more than 10 business days from the day you mailed your timesheet and you **have not** received your payment, please contact your local IHSS office.

What if I have any “old” time sheets?

RECIPIENT NUMBER 31-12345678 SMITH JOHN 4321 ANY STREET SACRAMENTO, CA 95811 Address change YES <input type="checkbox"/> YES (use address on reverse side)		PROVIDER NUMBER 854321 DOE JANE 8076 ANOTHER STREET SACRAMENTO, CA 95814 Address change YES <input type="checkbox"/> YES (use address on reverse side)															
JUNE 2005 EMPLOYER REMAINING HOURS ARE 43.5																	
DAY OF MONTH	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
HOURS WORKED	7	0	0	3.5	5	6.5	5.5	5.5	0	0	3.5	5	0	4.5	5.5	0	49.0
TS #12345678		FILL IN HOURS FOR EACH DAY WORKED AND PLACE TOTAL HOURS (ENTER LAST WORKED HOURS/PROVIDER'S TIME AND PAYMENT AS TOTAL HOURS)															
SHARE OF COST LIABILITY 0.00		OTHER LIABILITY 0.00		PROVIDER OVERPAYMENT 0.00													
SHARE OF COST LIABILITY 0.00 SACRAMENTO COUNTY DHSIS PO BOX 168817 SACRAMENTO, CA 95816-0017		RECIPIENT SIGNATURE DATE <i>X John Smith</i> 6/30/06															
		PROVIDER SIGNATURE DATE <i>X Jane Doe</i> 6/30/06															
		All work has been completed, sign, date and mail to the address (El trabajo ha sido completado, firme, date y envíe a esta dirección)															
		Do not sign unless you have read and understand instructions on reverse side No firmar hasta que haya leído y entendido las instrucciones al reverso															

- If you have any of the old time sheets, please send them **immediately** to:

Los Angeles County
 DPSS
 P.O. Box 77906
 Los Angeles, CA
 90007

- Complete the time sheet as you do currently.

How can I find out the status of the new IHSS timesheet?

- After September 2013, by calling your local IHSS Customer Service Hotline or your Provider Clerk.
 - Please allow at least 14 days from the day you mailed your timesheet before you call to find out the status.
- You can also call the **State's Help Desk at (866) 376-7066**
 - The help desk will be available Monday through Friday from 8:00 a.m. to 5:00 p.m. The help desk will provide limited information regarding:
 - Was the timesheet received? When was it received?
 - Has the timesheet been processed?
 - Was the timesheet rejected*?
 - Was a paycheck issued?

Burbank	(866) 544-9048
Chatsworth	(888) 822-9622
Lancaster	(866) 514-9911
El Monte	(888) 322-2204
Pomona	(866) 465-0905
Metro	(866) 512-2857
Hawthorne	(866) 512-2856
Rancho Dominguez	(888) 896-0044

*The help desk **will not** provide you the reason why the timesheet was rejected or your paycheck amount.

Which one is correct?

Do

Prov
Prov
Rec
Rec

Type
IHSS
Hours
123:45

ajado.
Lրացրեք առն օրվա աշխատած ժամերը
填寫每日工作的時數

Days of the Month

	Hours	Minutes
1st	1	30
2nd		
3rd	2	45
4th		
5th	10	00
6th		
7th	3	15
8th		
9th		
10th		
11th		
12th	2	15
13th	1	30
14th		
15th		
Total	21	15

Timesheet # 123456789

Pay Period - 01/01/2012 to 01/15/2012

Pay based on daily hours
Pago basado en las horas diarias
Հարձակաբը ըստ օրական աշխատածամի
款項將會依據每日的時數



DON'T

Readers Name JOHN SMITH 123:45

Fill in time for each day worked
Anoté el tiempo para cada día que en haya trabajado.
Lրացրեք առն օրվա աշխատած ժամերը
填寫每日工作的時數

Days of the Month

	Hours	Minutes
1st	X	X
2nd	1	25
3rd	3	20
4th		
5th	2	12
6th		
7th	4	15
8th		
9th	0	0
10th		
11th	HOSPITAL	
12th	L I L I	
13th	L I L I	
14th		
15th	0	20
16th	0	41

Timesheet # 123456789

Pay Period - 01/01/2012 to 01/15/2012

Pay based on daily hours
Pago basado en las horas diarias
Հարձակաբը ըստ օրական աշխատածամի
款項將會依據每日的時數



To Review

DO's

- ✓ Complete your timesheet carefully and timely.
- ✓ Write the time in hours and minutes (HH:MM).
- ✓ Only use **black ink**.
- ✓ Write only **one** number per box.
- ✓ Remember that the timesheet needs to be **signed and dated by you and your recipient**.
- ✓ Send your timesheet at the **end of the pay period**.

DON'Ts

- X Do not use any colored pen or pencil to complete your timesheet.
- X Do not use **decimals (1.18)**.
- X Do not **erase, write-over, or scribble over** the boxes in the timesheet.
- X Do not write outside the **box**.
- X Do not write over the boxes containing zeros (0).
- X Do not fold the timesheet.
- X Do not send your timesheet early!

How do I report a Change of Address?

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
PROVIDER OR RECIPIENT
CHANGE OF ADDRESS AND/OR TELEPHONE**

1. CHECK ONE BOX ONLY: PROVIDER RECIPIENT

2. PROVIDER NUMBER OR RECIPIENT CASE NUMBER _____

3. NAME FIRST MIDDLE LAST COUNTY NAME

4. HOME ADDRESS STREET CITY STATE ZIP CODE

5. MAILING ADDRESS STREET CITY STATE ZIP CODE

6. NEW HOME ADDRESS STREET CITY STATE ZIP CODE

7. NEW MAILING ADDRESS STREET CITY STATE ZIP CODE

8. TELEPHONE NUMBER HOME _____ WORK _____ CELL _____

9. NEW TELEPHONE NUMBER HOME _____ WORK _____ CELL _____

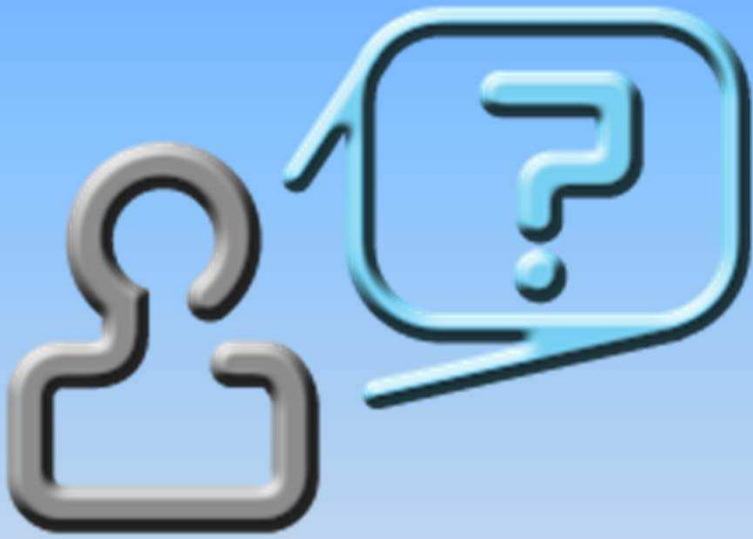
SIGNATURE _____ DATE _____

SOC 840 (10/12)

Do not send your Change of Address form with your timesheet. **Sending the change of address form with your timesheet will delay your payment.**

- You will need to complete a new form, *The Provider or Recipient Change of Address and/or Telephone* form (SOC 840).
- The SOC 840 is available:
 - Online at the DPSS website at <http://dpss.lacounty.gov/dpss/ihss>
- Or
 - By contacting your Provider Clerk
- Once you complete the form, mail it to your local IHSS office.

Questions?



This presentation, along with additional information is available to you 24 hours a day, seven days a week at:

<http://dpss.lacounty.gov/dpss/ihss/default.cfm>