



In-Home Supportive Services Independent Provider Assistance Center (IPAC)

2 Gough Street, San Francisco, CA 94103 | 415-557-6200 | www.sfhsa.org

Email: ihsspaymentunits@sfgov.org

Employment/Income Verification Release Form

Please read the instructions on the back of this form before completing this form. To request verification of employment or income, please complete this form. If this form is completed by an individual other than the IHSS provider, a signed authorized release of information is required for the release of employment/income verification. Please allow 2 business days for processing.

Section I. IHSS Provider Information	
Last, First Name:	
Social Security Number:	Phone Number:
Email Address:	

Section II. Requester Information	
Name of Individual, Agency, or Business requesting verification.	
Verification Type (Please check one of the following options) <input type="checkbox"/> Income Verification <input type="checkbox"/> Employment Status <input type="checkbox"/> Paystub copy (Paystubs available on ETS Portal)	
Verification Period (MM/YY): From To	Address:
Fax Number (if applicable):	Fax to the Attention of :
Email Address (if applicable):	Email to the attention of :

Section III. Delivery Method.
Please check one of the following options:
<input type="checkbox"/> PICK-UP VERIFICATION (Provider only). Photo ID is required. (Currently unavailable due to COVID)
<input type="checkbox"/> FAX VERIFICATION to phone number listed in Section II.
MAIL VERIFICATION TO: <input type="checkbox"/> Myself (Provider) <input type="checkbox"/> Business or Agency listed in Section II.
EMAIL VERIFICATION TO: <input type="checkbox"/> Myself (Provider) <input type="checkbox"/> Business or Agency listed in Section II.

Section IV. Release of Information.	
<i>I hereby authorize the IHSS IPAC to release the information indicated above to the individual, agency or business.</i>	
Provider Signature	Date

Instructions for Completing the Employment/Income Verification Release Form, Form IPAC 01-17

To request verification of In-Home Supportive Services (IHSS) employment or income, please complete the **Employment/Income Verification Release Form, Form IPAC 01-17**. Please allow up to **ten calendar days** from the receipt date for processing.

Section I. IHSS Provider Information

In this section, enter the IHSS provider's last and first name, social security number, phone number, and email address.

Section II. Requester Information

In this section, enter the individual, agency, or business requesting the information, including the address, fax number and email address. If the requester is the IHSS provider, enter their name, address and email address.

If the requester is an individual other than the IHSS provider, **Section IV must be signed by the provider.**

Section III. Delivery Method

In this section, select one of the following delivery methods:

- Request pick-up in the office. Only the IHSS provider may pick up his/her verification. **Photo identification is required.**
- Fax/Email the verification. Verification will be faxed/Emailed to the address in Section II.
- Mail the verification. If the provider is requesting verification be sent to him/her-self, employment/income verifications will be mailed or emailed to the address that is currently in the Payroll System. If there is a change of address or telephone number, the change of address form, **IHSS Program Provider Change of Address/Telephone Number, SOC 840 must be completed and returned to the IHSS payroll unit.**

The IHSS Independent Provider Assistance Center (IPAC) shall process the request within **ten calendar days** from the receipt date. The requester shall receive a completed **Employment/Income Verification** that may include all or some of the following:

- IHSS Provider's name, current address, and job title
- Date of Hire/Date of Termination
- Service period, warrant issue date, warrant status, warrant number (when applicable)
- Gross income per pay period, net income per pay period, and number of hours worked
- Gross year to date income
- Other additional permissible information requested by requesting agency

***Please allow 2 business days for processing.**