**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**

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Mail the completed form to:

IHSS Fiscal  
PO Box 1320  
Santa Cruz, CA 95061