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

Mail the completed form to:

IHSS Fiscal
PO Box 1320
Santa Cruz, CA 95061