



Santa Cruz County

Human Services Department
In Home Supportive Services Fiscal Division
P.O. Box 1320
Santa Cruz, California USA 95061
(831) 454-7315 Voice
(831) 454-4025 Fax

Employment and Wage Verification Request Form Instruction

The County of Santa Cruz and Department of Social Services In-Home Supportive Services (IHSS) ARE NOT THE EMPLOYER. However, verification that the Independent Provider ("Provider") has been employed by one or more Recipients of the IHSS program can be provided. It is not our policy to complete or fill in employer or agency forms.

Provider payments are issued by the State Controller's office, based on the number of service hours claimed. The information being provided is based on available data. Providers do not receive holiday pay or bonuses.

The IHSS Provider Verification of Employment request form must be completed in full and must include the full social security number and Provider(employee) signature. Re-verifications will not be processed. Any subsequent request for income and employment MUST be accompanied by a new signed release and a *current* signature date. If the request is incomplete or illegible, Fiscal will not be able to process your request.

The following is the only information that our office will be able to provide:

- Start Date
- Hourly Wage
- Most recent payment received and dates of services
- Last date worked (only provided when termination of employment has been reported to IHSS)
- Wage Verification for up to two years

Below is the information that we cannot provide:

- Verification of current employment status (cannot verify if Provider is actively employed; took a break in employment or a leave of absence)
- Verbal verification of employment
- Re-verification- if it has been less than 30 days since verification of employment was provided
- Verification of employment if the IHSS Provider worked in a different county.
- Reasons for termination (or verification of reasons for termination)
- The number of hours worked, hours assigned, or overtime hours
- Anticipated pay
- Verification of wages or employment status pertaining to a specific IHSS recipient. All wages will be combined.
- Pay Stubs
- IHSS recipient names or case numbers



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IHSS Provider Verification of Employment (VOE) Request Form

This form must be completed and signed by the home care provider for In-Home Supportive Services (IHSS) program requesting verification of employment. We accept VOE requests via fax or email. Please allow up to **5 business days** for processing. Multiple inquiries or incomplete requests will delay processing. Re-verifications will not be provided if it has been less than 30 days since we last provided verifications.

I. IHSS Provider Information

(Please Complete All Sections)

FULL SOCIAL SECURITY NUMBER REQUIRED

PROVIDER FULL NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE NUMBER: () _____ ALT TELEPHONE NUMBER: () _____

EMAIL ADDRESS: _____

II. Wage Verification/Payment History Request

Please indicate choice of delivery method

Fax Records Email Records Mail Records

Specify the period of payroll income records to be released- Up to two years can be provided:

From: _____
Month / Year To: Month / Year

Additional
instructions to Fiscal:

III. Requestor Information:

Name of Individual, Agency, or Business requesting verification:

Attention: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____

FAX: () _____

Email: _____

VOE will be emailed using a secured site

IV. Reason for Request (Check applicable box)

- Self (Personal Record)
- Housing Authority
- Social Security Administration (SSA)
- Dept. of Public Social Services (DPSS) (i.e., Medical, Food Stamps, Cal-Works)
- Other: _____
- Apartment
- Lender
- Employment Development Dept. (EDD)

V. Authorization

I hereby authorize Santa Cruz County IHSS Fiscal to release my employment and/or wage information to the individual, agency or business indicated above. I understand that this is a one-time authorization, and that the information will be handled confidentially in compliance with all applicable federal laws. I have read and understand the nature of this release.

PLEASE NOTE: A new signed release form must be completed for each verification request.

PROVIDER SIGNATURE: _____ **DATE:** _____