



IN-HOME SUPPORTIVE SERVICES (IHSS) EMPLOYMENT VERIFICATION (EV) PROCESSING INFORMATION

Employment Verification (EV) requests are processed within **four to six business days** from the **date the request is received by the Public Authority (PA)**. Allow four to six business days to pass prior to calling the PA to check the status of your EV request. If you have not received your EV response by the 6th business day, contact the PA at 1-866-985-6322 and select option 2.

The IHSS Electronic Supportive Services Portal (ESP) provides access to view up to six months of prior paycheck information. To register to use the ESP website, go to www.etimesheets.ihss.ca.gov to set up an account.

Note: On-the-spot and same-day EV requests cannot be processed. The PA does not provide verbal EV information to outside agencies unless an EV form has been previously completed.

Instructions to Staff: Give this page to the provider and retain the second page.



784 E. Hospitality Lane
San Bernardino, CA 92415-0034
Business: (909) 386-5014 • TTY: (909) 891-9135
Toll Free: (866) 985-6322 • Fax: (909) 927-4177
Email: IHSSProviderEV@hss.sbcounty.gov

**PROVIDER EMPLOYMENT VERIFICATION REQUEST
AND AUTHORIZATION TO RELEASE INFORMATION**

PROCESSING TIME WILL BE 4 TO 6 BUSINESS DAYS

Client names are not provided in employment verification due to confidentiality.

Please provide a copy of your valid government issued identification when submitting this form.

Is this Employment Verification Request for the Transitional Assistance Department? Yes No

1. Please provide the following information about yourself.

Name: _____
First Name Last Name

Provider Social Security Number: _____ (Required)

Phone Number: (____) _____ (Required)

2. Please provide the information you want included on your employment verification.

Income printout (No more than 3 years) _____ thru _____
Month/Year Month/Year

Letter indicating start date(s)/end date(s)

Other (please specify): _____

3. Return my completed request via (select one of the following):

Email: _____
Email Address

Mail

Attention: _____
First Name Last Name

Address: _____

City: _____ State: _____ Zip: _____

I, _____ hereby authorize San Bernardino County, Public Authority,
In-Home Supportive Services (IHSS) to release my employment history.

X _____
Signature

Date

ID checked and accepted by DAAS/PA staff:

Printed staff name