



## Employment and Wage Verification Request Form

Please read the important information and instructions on the back of this form before completing. This is the only form that is authorized for use to request Employment Verification from our office.

Please allow seven (7) to ten (10) business days to process your request.

|  |              |
|--|--------------|
| <b>Section I. IHSS Care Provider Information</b>   |              |
| Last, First Name   |              |
| Social Security Number   | Phone Number |
| <b>Section II. Requestor Information</b> (must complete all of section II)   |              |
| Name of Individual, Agency, or Business requesting verification  |              |
| Address  |              |
| Email Address  | Phone Number |
| <b>Section III. Wage Verification/Payment History Request</b>  |              |
| <input type="checkbox"/> Check here if you are also requesting a Year-to-Date Wage Verification/Payment History  |              |
| <b>Section IV. Delivery Method</b> (must select at least one)  |              |
| <input type="checkbox"/> Return by USPS mail to the Requestor & Mailing address listed in section II   |              |
| <input type="checkbox"/> Return by Secure email to the Requestor & Email address listed in section II  |              |
| <input type="checkbox"/> Return by USPS mail to the IHSS Care Provider (see #3 on back of this form)   |              |
| <b>Section V. Release of Information</b>   |              |
| <i>I have read and understand the instructions for the completion of this form. I hereby authorize Fresno County Department of Social Services, IHSS to release my employment and/or wage information to the individual, agency or business indicated above.</i> |              |
| Care Provider Signature  | Date         |

**Return completed form to:**

USPS mail: IHSS, PO Box 1912, Fresno, CA. 93718-1912

Fax: (559) 600-7762

Upload to: [IHSS & PA Secure Document Submission](#)



## Employment and Wage Verification Request Form Instructions

*The County of Fresno and Department of Social Services In-Home Supportive Services (IHSS) **ARE NOT THE EMPLOYER.** However, verification that the Care Provider has been employed by one or more Recipients of the IHSS program can be provided.*

1. All employment and wage verification requests must be requested by completing sections I – V of the Employment & Wage Verification Request Form. Other signed authorizations will not be accepted.
2. **If the form is incomplete, completed incorrectly or illegible, your request will not be processed.**
3. If the requested verification will be returned to the Care Provider, the address in section II of the Request Form must match the current address on file. To change your address and/or phone number on file, you must also submit the Address/Phone Number Change (SOC 840) form.
4. If this information is needed for your Eligibility Worker/Job Specialist (EW/JS) to verify income or employment for CalWORKs/CalFresh/General Relief or Welfare to Work, please contact your EW/JS to obtain the required form.
5. Electronic & Digital signatures are not accepted.
6. Information is only available back to the beginning of the current calendar year. If seeking information on prior years, the IHSS Provider must request a W-2 from the Internal Revenue Service (IRS).
7. Due to the availability of data, employment & wage verifications can only be processed once per pay period for each individual Care Provider.
8. Please allow seven (7) to ten (10) business days to process your request. All requests will be returned by USPS mail or secure email. There is no in office 'pick-up' option or return by fax available.

### The only information that our office will provide is listed below:

- Start Date
- Job Title
- Hourly Wage
- Total Gross Year-to-Date income for current year
- Last pay period date (only provided when employment has been terminated)
- Year-to-Date Wage Verification

### Information that cannot be provided/verified is listed below:

- Reasons for termination (or verification of reasons for termination)
- Amount of hours worked, hours assigned, or overtime hours
- Anticipated pay
- Verification of employment if the Care Provider did not work for IHSS in Fresno
- Verification of current employment status (cannot verify if employee is actively employed)
- Verification of wages or employment status pertaining to a specific IHSS Recipient. All wages will be combined.
- Pay Stubs
- Additional dates, re-verifications, verbal verifications or any other information
- IHSS Recipient names or case numbers

**For more information on Employment Verifications, please visit us online!**

<https://www.fresnocountyca.gov/IHSSVOE>