



Employment and Wage Verification Request Form

THIS IS THE ONLY FORM THAT IS AUTHORIZED FOR USE TO REQUEST VERIFICATION OF EMPLOYMENT.

- 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.
- The names of the recipients are confidential and cannot be released by our agency.
- All employment and wage verification requests must be requested by completing this form. Other signed authorizations will not be accepted.
- Please allow seven (7) to ten (10) business days to receive your requested information. *All requests will be returned by USPS mail or secure email upon request; there is no in office 'pick-up' option or return by fax available.*
- 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).
- If the form is not completed correctly or we are unable to read the information provided, there could be a delay or we may not be able to process your request.

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 (when employment has been terminated)
- Wage Verification for date range as specified in the request

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
- Verification of wages or employment status pertaining to a specific IHSS recipient
- Additional dates or any other information

*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.*

For more information on Employment Verifications through IHSS please visit us online.

Mailing Address: P.O. Box 1912, Fresno, California 93718-1912

Phone: (559) 600-6666 ≈ FAX: (559) 600-7762

www.co.fresno.ca.us



Employment and Wage Verification Request Form

I, _____, hereby authorize the County of Fresno In-Home Supportive Services (IHSS) program to release my employment history to the entity indicated below.
PRINT YOUR NAME

Provider Number: _____ SSN: _____
Phone Number: _____ DOB: _____

Who this information should be sent to*:

Name of Individual or Business: _____
Mailing Street Address or PO Box: _____
City, State and Zip Code: _____

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. If the requested verification will be returned to the care provider, the address above 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.*

- Check here if you turned in an Address/Phone Number Change form with this request.
- Check here if you are requesting this form to be returned by email to the following email address: _____
- Check here if you are requesting a Year-to-Date wage verification/payment history. 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).

Care Provider
Signature: _____ Date: _____

Return form to: IHSS, PO Box 1912, Fresno, CA 93718-1912 or by fax to (559) 600-7762 or by emailing to FresnoCountyIHSSPublicAuthority@fresnocountyca.gov

BELOW THIS LINE IS FOR COUNTY USE ONLY

Job Title: IHSS Care Provider Start Date: _____ Last Wage Rate: \$ _____ per/hour
Total Gross Y-T-D Income (Current Year): \$ _____ through _____
Last Pay Period Date* : _____
*only provided when care provider is terminated for all IHSS recipients (employers)

This form is not valid unless officially stamped by the Fresno County Department of Social Services-IHSS

Questions regarding information on this form, please contact us:
IHSS – Employment Wage Verifications
P.O. Box 1912, Fresno, California 93718-1912
Phone: (559) 600-6666 ~ FAX: (559) 600-7762
IHSS 0177

