PROVIDER ENROLLMENT CHECKLIST

Provider's Name: ____
(Print Last Name, First Name & Middle Initial)

1. Appointment Date: ____
2. Are you a County employee/related to a County employee? ☐ Yes ☐ No
3. Did you get fingerprinted for background check as an O.C. IHSS Provider? ☐ Yes ☐ No

☐ **DIFFERENT mailing address reason** *(if any)*: ____

____

☐ **Email Address**: ____

☐ **Translator** *(if any)*: ____
(Print First & Last Name)

- *I understand that all information I gather while serving as a translator for the applicant Provider and on behalf of the Public Authority (PA) is confidential and cannot be shared without the consent of the Provider. I also understand that I must interpret exactly what is being said, not adding to or leaving out any information given by the Provider or PA employee.*
- *I have translated all the information given to ensure the Provider receives complete understanding of the enrollment process and assisted with filling out forms, but the Provider signed them.*

____ ________________________
Translator's Signature Date

Provider's Acknowledgment:
I understand that I must complete all the Provider Enrollment requirements within 90-calendar days from the date I attended my appointment. Otherwise, the system will automatically inactivate my status as a Provider and I will need to begin the enrollment process over again. Any missing documents must be submitted in a timely manner to prevent delays in timesheet issuance and payment. I understand that I must submit timesheets regularly to remain in active status. If I do not have payroll activity for over one year, the system will automatically inactivate my status as a Provider.

____ ________________________
Provider's Signature Date

OFFICE USE ONLY

Pending: 426A ☐ Start Date ☐ Signature ☐ No Recipient

☐ Copy of Live Scan Form ☐ Other: ____

☐ PA Staff confirmed checklist information via telephone call w/ Provider on ____________________
Date

PA Staff Initials: __________________

PA Staff Reviewer Initials: __________________ Date: ________________________

(Updated 10/2024-LN)