

Dear IHSS Recipient,

****FOR PLACER COUNTY CASES ONLY** PLEASE SUBMIT CLAIMS TO:
 PLACER COUNTY IHSS 11512 B. AVE., AUBURN, CA 95603
 OR EMAIL TO: ihsspaysroll@placer.ca.gov**

Your provider can be paid to accompany you to receive your COVID-19 vaccine if you have authorized hours for Accompaniment to Medical Appointments. These hours can be claimed on your provider's existing timesheet.

If you are not authorized for Accompaniment to Medical Appointments but require(d) this IHSS service to get your vaccine, or you need additional hours for this purpose, you can fill out the form below and sign, under penalty of perjury, that your provider had to accompany you to get your vaccine and they were not able to claim the time on their timesheet. This allows your provider to be paid up to 4 hours (2 hours per vaccine appointment). This form must be submitted to your county IHSS office to be processed.

Provider Information

Provider Name (Print):		
Street Address:		
City:	State:	Zip Code:

Provider Number (9 Digits):

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Recipient Information

Recipient Name:

Recipient Case Number (7 Digits):

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Recipient Vaccination Dates:

First Vaccine: _____

Second Vaccine: _____

Under the penalty of perjury, I hereby acknowledge that the information provided above is true and correct.

Recipient's Signature: _____

Date: _____

Provider's Signature: _____

Date: _____