

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM PROVIDER REQUEST TO USE POST OFFICE BOX AS MAILING ADDRESS

Under state law [Welfare and Institutions Code Section 12305.85(b)], “a paycheck for a provider cannot be mailed to a Post Office (P.O.) Box unless the county approves a request from the provider.” The request must include an explanation of the circumstances that make the use of a P.O. Box necessary.

INSTRUCTIONS:

- Use black or blue ink to fill out. Print information clearly.
- Provide documentation to substantiate request.

PROVIDER INFORMATION			
1. Full Name (First Name, Middle Initial, Last Name):	2. Social Security Number:		
3. Home Address (Must be physical address, <u>not</u> a P.O. Box):	City:	State:	ZIP:
4. Mailing Address:	City:	State:	ZIP:
5. Reason: Note: Documentation in the form of a notice from the United States Post Office (USPS) and/or local law enforcement (in the case of mail theft), must be attached. Any request submitted without documentation will be denied.			
a. <input type="checkbox"/> The USPS does not deliver mail to the residence because it is located in a rural area and not on a rural postal delivery route.			
b. <input type="checkbox"/> The USPS does not deliver mail to the residence because it is located in an area with frequent inclement weather and/or road conditions that prevent regular mail delivery.			
c. <input type="checkbox"/> The residence does not have a mailbox that meets USPS standards.			
d. <input type="checkbox"/> There has been official notification from the USPS that the residence will no longer receive mail delivery due to the presence of a carrier safety concern, e.g., threatening dog, or other hazard.			
e. <input type="checkbox"/> There has been an official report to the USPS (and/or local law enforcement) that a mail theft has occurred at the residence.			
f. <input type="checkbox"/> Other: _____			
6. Duration of Request:			
a. <input type="checkbox"/> Permanent b. <input type="checkbox"/> Temporary – Start Date: _____ End Date: _____			

*** FOR COUNTY USE ONLY ***	
<input type="checkbox"/> Approved (Attach copy of documentation)	
<input type="checkbox"/> Denied – Unallowable reason <input type="checkbox"/> Denied – Insufficient documentation <input type="checkbox"/> Denied – Other: _____	
Staff Name:	Title:
Telephone Number:	
Signature:	Date: