3. County of Riverside
Department of Public Social Services – IHSS Public Authority
12125 Day St., Suite S-101, Moreno Valley, CA 92557
(888) 470-4477 or (951) 321-6160
Fax: (951) 686-1419

# AUTHORIZATION TO RELEASE INFORMATION

Date of Birth: _____/_____/_____
MM DD YY

Home Care Provider Name: _____ _____
FIRST NAME LAST NAME

Home Care Provider Street Address: _____
INCLUDE APARTMENT NUMBER (IF APPLICABLE)

City: _____ Zip: _____

Home Care Provider Social Security Number: _____
FULL 9 DIGIT SSN REQUIRED

Home Care Provider Phone Number:(_ _ _)__ __ __-__ __ __ __Alternate Number:(_ _ _)__ __ __-__ __ __ __

Home Care Provider Signature: _____Date: _____/_____/_____
MM DD YY

**NOTE: A new *Authorization to Release Information (ARI)* must be completed for every *Verification of Employment (VOE)* request.**

## Information Being Requested

Please check the appropriate box(es) for the type of employment information being requested.

□ **Dates of Employment**

□ **No Longer Employed**

**Salary/Income Information for:**
□ 2013 □ 2012 □ 2011 □ Other (see below)

□ **Other (Please Explain)** _____
_____

## Response Method

Please complete the following information with how you would like us to return your VOE.

□ **Pick-up at IHSS PA Office**
If the VOE is not picked-up between 6-8 business days from the date requested, it will be mailed to the requestor.

□ **Fax to the following person at this fax number:**
Send to: _____ at

Fax #: ( ___ ___ ___ ) ___ ___ ___ - ___ ___ ___ ___

□ **Mail it to the address listed above**

**Reason for VOE (please check applicable box):**

□ Dept. of Public Social Services
□ Social Security Administration
□ Housing Authority
□ Employment Development Dept.
□ Lender
□ Apartment
□ _____
OTHER - **DESCRIBE**

**An IHSS provider ARI must be on file before a VOE will be processed. ARIs and VOE requests may be FAXed to (951) 686-1419.**