



Human Services Department  
County of Sonoma



**ADULT & AGING DIVISION**  
**In-Home Supportive Services**

2250 Northpoint Parkway  
Santa Rosa, CA 95407

Dianne M. Edwards  
Department Director

Robin Schaefer  
Division Director

**IN-HOME SUPPORT SERVICES**  
**INTER-COUNTY TRANSFER**

Date:

To: County of

Re: Name:           SSN:           DOB:

The above named IHSS recipient moved to your county during the month of . The recipient is requesting a transfer of his/her In-Home Support Services in accordance with Welfare and Institutions Code, Sections 10553, 11102 and Manual of Policy and Procedures Section 30-759.9.

The recipient's new address is:

Street:           City:           Zipcode:

Phone:

This is an Income Eligible recipient.

Eligibility Worker Name:           Phone:

Documents included with this letter:

<input type="checkbox"/> SOC 293	<input type="checkbox"/> IHSS Provider Information
<input type="checkbox"/> SOC 293A	<input type="checkbox"/> Comment Sheet
<input type="checkbox"/> SOC 295	<input type="checkbox"/> Assessment Worksheet
<input type="checkbox"/> Notice of Action	<input type="checkbox"/> Other:

The County of Sonoma will pay for IHSS services until the discontinuance date of . I may be reached at 707-565- for additional information.

Sincerely,

Social Service Worker

**Receiving county:** Please sign and return a copy of this document which will verify that your county will accept responsibility for this case effective .

Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: \_\_\_\_\_