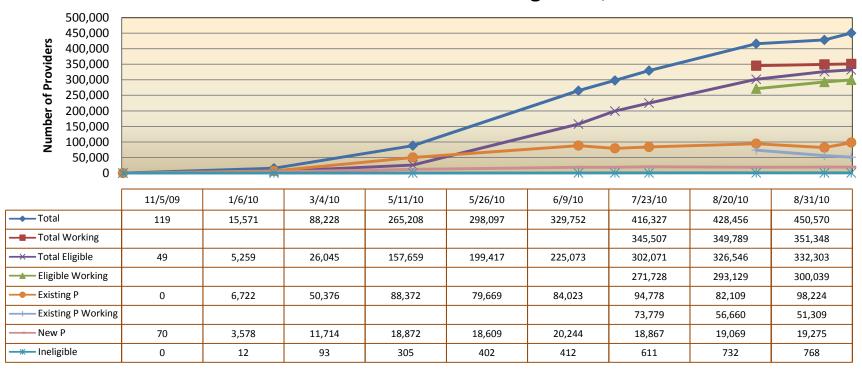
## **Provider Enrollment As of August 31, 2010**



Total = All individuals who have begun and/or completed the new IHSS requirements to be an IHSS provider.

**Enrollment Requirements:** 

- \* Fingerprinting and DOJ criminal background check
- \* Complete Provider Orientation
- \* Complete and sign the Provider Enrollment Form (SOC 426)
- \* Complete and sign the Provider Agreement Form (SOC 428)

Total Working = All individuals who are currently working for one or more recipients.

Total Eligible = Individuals who have completed the nenw enrollment requirements and been determined eligible to be an IHSS provider.

Eligible Working = Eligible individuals who are currently working for one or more recipients.

Existing P = Individuals that were "existing" providers prior to November 1, 2009 and have until December 31, 2010 to complete the new enrollment requirements.

These individuals have completed at least one of the enrollment requirements and are pending completion of the other requirements.

Existing P Working = Existing providers who are currently working for one or more recipients.

New P = Individuals that were applicant providers on or after November 1, 2009 and that are pending completion of the new enrollment requirements.

Ineligible = Individuals wo have completed the new enrollment requirements and been determined ineligible to be an IHSS provider.