



**San Mateo County Public Authority
for In - Home Supportive Services**

Office: 225 37th Avenue, San Mateo, CA 94403 – 4324

Mailing: P.O. Box 5892, San Mateo, CA 94402

(650) 573 - 3900 Fax: (833) 285 - 1128

**IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
PROVIDER REQUEST TO CHANGE ADDRESS AND/OR TELEPHONE
NUMBER AND/OR EMAIL INFORMATION**

Name: _____

Provider Number or SSN: _____

New Home Address:

(City) (State) (Zip Code)

New Mailing Address:

(check here if same as Home Address above)

(City) (State) (Zip Code)

Cell Phone Number: _____

Home Phone Number: _____

Email Address: _____

Signature: _____ **Date:** _____

****Address change requests will be processed within 24 hours of request submission****