



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

225 37th Avenue  
San Mateo, CA 94403-4324  
Main: (650) 573-3900 Fax: (650) 573-2310

**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\*\***