

**PROVIDER**Riverside County Department of Public Social Services  
**PLANNING WITH YOU TO AVOID FRAUD****WHAT IS FRAUD?**

**Fraud is a crime.** Fraud is knowingly providing false information or failing to provide all necessary information in order to get benefits that you are not lawfully entitled to receive. If you commit fraud you can be convicted of a felony and can go to jail.

A person may be guilty of fraud if he/she receives or attempts to receive IHSS benefits:

- Because he/she told only part of the truth.
- Because he/she lied or omitted information.
- Because he/she did not tell his/her worker all of the facts right away.
- Because he/she did not report a change within ten (10) days to his/her worker.

**Provider Responsibilities:**

I understand that in order **to avoid fraud, I must report** any of the following changes to Riverside County Department of Public Social Services **within ten (10) days** of when it occurs:

1. When my employer is hospitalized, on vacation, or goes into convalescent care, or dies.
2. When my employer's condition changes so that he/she needs more or less care.
3. When my employer begins receiving home delivered meals.
4. When I stop working for my employer or if another provider starts working for them.
5. When my employer moves or changes his/her telephone number.
6. When I move, I must report the change in writing to the IHSS District Office so that my paychecks can be mailed to my correct address.
7. When anyone moves in or out of my employer's home, including family members.
8. When my employer will be out of the home for more than one week (7 days).
9. When someone else begins helping my employer on a regular basis (i.e. Home Health Aide, a neighbor, a relative or a nurse).
10. I understand that I will not be paid by IHSS to provide services or do jobs for my employer that are not authorized by the social worker.
11. I understand that I will not be paid by IHSS for any services I provide during any period I am ineligible or unavailable due to illness, hospitalization, or vacation. I understand my employer (recipient) is responsible for payment of services provided during any period I am ineligible to provide care through IHSS.
12. I will accurately report my hours worked on my timesheet before asking my employer to sign.

**To report IHSS fraud, please call 1-951-358-3200**  
**To report Medi-Cal fraud, please call 1-800-822-6222**

**I have read or have had read to me the above and I understand what fraud is, the penalties for committing fraud, and what my reporting responsibilities are.**



PROVIDER'S SIGNATURE

DATE



COUNTY REPRESENTATIVE SIGNATURE

DATE