

## REGISTRATION FORM

**IMPORTANT:** Please do not register if you have a hearing, assessment or re-assessment **prior to** February 27, 2021. Rather, call our intake line at 1800-776-5746 for assistance.

**Your Name:**

**Name of IHSS Applicant or recipient:**

**Your Relationship to IHSS applicant or recipient:**

**What is the applicant or recipient's disability:**

**Your Address:**

**Your Phone:**

**Your Email:**

**Language Preference:**

Choose only **ONE** track that you are interested in:

**Track 1:**

1. Is there a date for the assessment/reassessment?

Yes

No

if yes, what is the date?

**Track 2:**

1. Have you received a Notice of Action?

Yes

No

If yes, what is the date?

2. Have you appealed the Notice of Action?

Yes

No

If yes, what is the date you appealed?

3. Do you have a hearing date?

Yes

No

If yes, what is the date of the hearing?