

County of Santa Clara
Social Services Agency
In-Home Supportive Services



PO BOX 11018 Main # (408) 792-1600
San Jose, CA. 95103 Fax # : (408) 792-1601

PROVIDER SELF-TERMINATION

Please complete this form to remove yourself as a provider.

**Social Security Number
and/or Provider ID Number:** _____

Recipient's Name:	Case Number:	LAST DAY WORKED
1 _____ Last, First	_____	_____
2 _____ Last, First	_____	_____
3 _____ Last, First	_____	_____

Provider's Name: _____ **DATE:** _____

Provider's Signature: _____

Phone number: () _____

***Incomplete forms will be returned causing delays in processing.**