



## BOUNDS Online Provider Enrollment Registration Information for Existing Providers

When an In-Home Supportive Services (IHSS) applicant or recipient selects an IHSS provider that is already enrolled as an active provider in the IHSS program, the existing provider must complete the following provider enrollment requirements before he/she can be paid for services provided.

**Important!** Carefully read the instructions below for important information on how to complete the provider enrollment requirements.

IHSS providers without a BOUNDS account must:

- A. Create an account in the BOUNDS Online Provider Enrollment Portal (BOUNDS) by:
  - Going to the following website:  
<https://SanBernardino.BoundsPortal.net/Intake/ProviderEnrollmentForm.aspx>,
  - Accessing BOUNDS from the San Bernardino County Aging and Adult Services website, or
  - Using the adjacent Quick Response [QR] code, and
    - Selecting “**Existing Provider**” under the **License Type** drop down menu unless you are an Inter-County Transfer (ICT) provider. ICT providers will register under the “New Provider” license (refer to the bottom of this letter for ICT information).
    - Completing the provider enrollment form.
- B. Log in to BOUNDS using the Provider Portal Login link, User Name and Password included in the “Invitation to Portal” email sent to you from [noreply@jumpfaster.com](mailto:noreply@jumpfaster.com) after enrolling in the BOUNDS portal.



**Note:** You must use a Google Chrome, Microsoft Edge or Firefox internet browser to access BOUNDS. Remember to review your Spam or Junk email folder for email messages sent by BOUNDS.

After registering in BOUNDS, you must complete the first two (2) enrollment activities within 90 days to be paid as an IHSS provider (refer to the **Action Required** screen in BOUNDS for some of these activities):

1. **Complete the Provider Application Signature Activity to Electronically Sign Provider Enrollment Forms in BOUNDS**
  - Answer the questions, review and save answers, and then electronically sign the Existing Provider Application Forms, including the *IHSS Program Provider Enrollment Form (SOC 426)*, *IHSS Provider Enrollment Agreement (SOC 846)*, and *IHSS Provider Declaration (DAAS DEC 1)*.
  - Acknowledge review and understanding of all provider enrollment handouts in the BOUNDS.
2. **Return the SOC 426A and photocopies of your valid government issued Photo ID and Social Security card (also bring originals for verification) to the IHSS Office or Public Authority (PA)**
  - Have the recipient complete and sign the *IHSS Program Recipient Designation of Provider (SOC 426A)* form, which includes your actual start date.
  - Bring photocopies of your valid government issued Photo ID and Social Security card **along with originals for verification (cannot be laminated or metal)** to the IHSS office, as the IHSS office may not be able to make photocopies for you.
    - As an alternative to photocopies, you may upload an image of these documents in BOUNDS.
    - The name that is printed on your Social Security card will be the name that is printed on your paycheck. If you have questions regarding your Social Security card, contact the Social Security Office (1-800-772-1213) or log onto their website ([www.ssa.gov](http://www.ssa.gov)) for information.
  - Other documents to bring (if applicable):
    - If you are a minor, bring your Work Permit along with a photocopy.
    - Proof of authorization to work in the United States must be provided if the Social Security Card states “Valid for Employment Only with Department of Homeland Security (DHS) Authorization”. Acceptable proof includes a photocopy of your Permanent Resident Card or employment authorization document (Work Permit).
3. **Complete Tax Withholding Documents and Send to the State AFTER You are Linked to the Client**
  - **After you receive a message in BOUNDS** stating you have been linked to the client’s case, mail your Employee’s Withholding Certificate (W-4) for Federal taxes and Employee’s Withholding Allowance Certificate (DE-4) for State taxes to the State at the address below. **The state will reject your W-4 and/or DE-4 if you mail them before you are linked.**
  - Review the important information regarding tax withholding below.

**If you are an Inter-County Transfer (ICT) provider, complete the Union and IHSS Videos Activity, if checked:**

- View the **Union and IHSS Videos** in BOUNDS – If this box is checked, you must view the entire video(s) in BOUNDS for the enrollment activity to be completed.

### **Important information regarding tax withholding**

In order to have taxes withheld from your paycheck, you will need to complete and mail the W-4 and DE-4 forms to “**IHSS Payroll Management Unit**” P.O. Box 1660 West Sacramento, CA 95691-6660. **Note:** The Employer Identification Number (EIN) is the recipient’s Case Number. No corrections or white out are permitted. For assistance completing the W-4 and DE-4 forms, contact your tax professional. Staff will not be able to assist with filling out these forms.

If you have any questions, contact your local IHSS office. If you will need an interpreter, contact the IHSS office in advance for accommodations.