After I receive the letter, how can I find someone to help me?

- You may hire a relative or friend, or find someone new to you.
- You can find new people by advertising in a newspaper, or by putting notices on bulletin boards or in newsletters.
- You can contact your county's Public Authority for assistance in finding someone to work for you. Their phone number appears in th county government listings under **Public Authority – IHSS.**

What does th Public Au rity do?

The Public Autho y maintains a registry of homeca providers a d provides access to tra ng fo eople who receive in-home su ortive services and the people who care for them.

In-Home Supportive Services

For more information about IHSS, Call 1-800-952-5253 or 1-800-952-8349 (TDD), select ❸ for public social service programs and then select ❺ for IHSS.

Do you ed help with household hores and personal care?

The In-Home Supportive Services (IHSS) Program Provides These Services

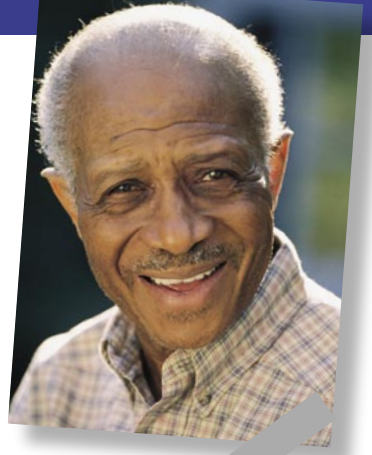
What is IHSS?

The In-Home Supportive Services (IHSS) Program provides personal and household services to aged, blind or disabled individuals who have limited ability to care for themselves but who could live in their own home with some help.

Who is eligible?

You may be eligible for the program if you:

- Are 65 years old or over, or are legally blind or disabled.
- Receive or are eligible for the Supplemental Security Income/State Supplementary Payment Program (SSI/SSP), or meet the requirements for SSI except for income. If you do not qualify for SSI, your income and property will [illegible] your eligibility for [illegible].
- Need assistance to remain safely in your own home.



What services are offered?

Federal, state and county funds are used to pay someone to come to your home and help you with the following tasks:

- **Household chores**, such as house cleaning, changing bed linen, laundry, meal preparation and clean-up, food shopping and other errands.
- **Personal care services** such as help with bathing, grooming, dressing, eating, getting in and out of bed, moving around one's home, bowel/bladder care, breathing, medications, prosthetic care, and escorting to medical appointments and alternative resources.

How do I apply for the IHSS program?

Check your local telephone book for the county government listings for the social service or health and human services agency. Look for **senior or adult programs** or **IHSS.** Call the "intake" or adult programs number and you will be referred to the person who can determine whether you would be eligible for the IHSS program.

What happens next?

A county social worker will come to your home to interview you and find out what type of help you need, if any. If the social worker determines that help is needed, you will receive a letter that lists the types of services you can receive and the number of hours someone can be paid to work for you.

IHSS Task Grid – Meals and Cleaning

Provider Name: _____		Month:_____ Total Authorized Hours for Month: ____													
	Day of the week:														
	Date:														
	Hours scheduled for day:														
Meals	Meal preparation														
	Help with eating														
	Wash dishes and clean up kitchen														
	Menu planning/shopping list														
	Shopping for food														
Cleaning	Empty trash														
	Clean kitchen surfaces/appliances														
	Throw out spoiled food														
	Make bed														
	Change linen														
	Clutter management/tidy up														
	Dust														
	Clean bathroom														
	Sweep/vacuum														
	Mop														
	Laundry/ironing														

IHSS Task Grid – Personal Care and Other Services

		Month:_____													
	Day of the week:														
	Date:														
Personal Care	Help with medication														
	Bathing/bed bath														
	Oral hygiene/grooming														
	Dressing														
	Bowel/bladder														
	Menstrual care														
	Shift body position														
	Rub skin/massage														
	Lift/transfer														
	Help with walking														
	Help with prescribed exer[illegible]es														
	Help with breathing equipmen[illegible]														
Other	Medical a[illegible]ts														
	Other [illegible]hopping and [illegible]rands														
Total Hours Wo[illegible]ed															
Provider Initials															
Consumer Initials															

IHSS CONSUMER AND PROVIDER JOB AGREEMENT

1. This job agreement is between:

_____ _____

Employer (Print consumer name) and Employee (Print provider name)

2. The consumer and provider agree to the following general principles.

The consumer agrees to:

- Assign and direct the work of the provider
- Give the provider advance notice, whenever possible, when hours or duties change
- Only ask the provider to do work for the consumer
- Sign the provider's time sheet if it reflects the hours that were worked

The provider agrees to:

- Perform the agreed-upon tasks and duties (see duties and responsibilities below)
- Call the consumer as soon as possible if they are late, sick or unable to work
- Come to work on time (see hours of work below)
- Not make personal or long distance phone calls while at work
- Not ask to borrow money or ask for a cash advance
- Give the consumer two weeks notice, whenever possible, before leaving the job

3. The provider will be paid the rate set by the county for IHSS providers.

4. The total number of hours per week for this job are _____.

5. The hours of work for this job are shown below. Changes in the scheduled days and hours are to be negotiated by both parties, with advance notice.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Start							
End							

6. Will consumer pay provider for gas used to drive to shopping or medical appointments?
___ No
___ Yes

7. Does consumer have a Share-of-Cost?
___ No
___ Yes

If yes, indicate maximum amount:_____

8. The duties and responsibilities for this job are shown below. The consumer should mark the tasks they need the provider to do and show how often the task needs to be done (D=Daily, W=Weekly, M=Monthly, O=Other). If a task needs to be done on a different schedule, the consumer should write this in next to the task.

D=Daily	W=Weekly	M=Monthly	O-Other

Meals

___ Prepare meals
___ Meal cleanup
___ Wash dishes
___ Help with eating

Cleaning and Laundry

___ Empty trash
___ Wipe counter
___ Clean sinks
___ Clean stove top
___ Clean oven
___ Clean refrigerator
___ Vacuum/sweep
___ Dust
___ Mop kitchen & b[illegible]om floors
___ Clean bathro[illegible]
___ Make bed
___ Change bed[illegible]nen
___ Routine laund[illegible] wash, dry, fold and put aw[illegible] laundry
___ H[illegible]y house clea[illegible]g (one-time only [illegible]ith approval from IHSS)

S[illegible]opping

___ [illegible]rocery shopping
___ Other shopping errands

Non-Medical Personal Services

___ Dressing
___ Grooming and oral hy[illegible]ne
___ Bathing
___ Bed baths
___ Bowel and [illegible]ladder care
___ Menst[illegible]l care
___ Help[illegible]ith walki[illegible]g
___ Move [illegible] and [illegible]ut of bed
___ Help on/[illegible] seat or in/out of vehicle
___ Reposition[illegible]g
___ Rub skin
___ Care/assistance with prosthesis
___ [illegible]piration assistance
___ Other personal services:

_____

Paramedical Services

___ Administration of medication
___ Blood sugar checks
___ Injections
___ Other paramedical services:

_____

Transportation Services

___ Escorting to medical appointments
___ Escorting to alternative resources

The consumer and provider, by signing this document, agree to the terms outlined above. If the agreement changes, both parties will initial and date the changes.

Consumer Signature	Provider Signature
Date Phone Number	Date Phone Number