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

Do you need help with household chores and personal care?

• 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 the county government listings under Public Authority – IHSS.

What does the Public Authority do?
The Public Authority maintains a registry of homecare providers and provides access to training for people who receive in-home supportive 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 ➊ for public social service programs and then select ➋ for IHSS.
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 determine your eligibility for IHSS.
- 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 services 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.
How can I become a homecare provider?

There are three ways to become a homecare provider:

1. One way is to contact the county’s Public Authority, which assists people with IHSS in finding a homecare provider. The Public Authority maintains a Registry of homecare providers and offers access to training in caregiving skills. Most Public Authorities ask people wanting to be on their Registry to provide:
   - Proof of citizenship or legal immigration
   - Social Security Card
   - Valid picture ID or Driver’s License
   - Documentation or certificates for any training you may have had

To be listed on the Registry, call the Public Authority. Their number appears in the county government listings under Public Authority – IHSS. In some counties, you may be asked to participate in an orientation session. Counties may also ask you to be fingerprinted or agree to a criminal background check. You may be asked to pay for the cost of doing this.

2. You can also become a homecare provider if a family member or friend qualifies for IHSS services. To become the paid provider for some of their needs, call the County Adult Programs or IHSS office, which appears in the county government listings under social services or health and human services.

3. You can also find a job as a homecare provider through help-wanted ads in your local newspaper and notices on bulletin boards at senior centers, independent living centers and churches in your area.
Are you a caring person looking for work?

You can make a difference to elderly or disabled people who need personal and household help in order to live safely and independently in their own home.

Experience in caregiving is not required. Through a government-funded program, you could be paid to help elderly or disabled individuals with their personal care and household chores.

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.

What services are offered?

Federal, state, and county funds are used to pay family, friends or others to help people in their own home with the following tasks:

- **Household chores**, such as housecleaning, 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.

Persons who provide this care are called **homecare providers**.
IHSS Task Grid - Meals and Cleaning

<table>
<thead>
<tr>
<th>Provider Name: ______________________</th>
<th>Month:__________</th>
<th>Total Authorized Hours for Month: ____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day of the week: ____________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date: ________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours scheduled for day:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Day of the week:</th>
<th>Month:_____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

#### 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 exercises
- Help with breathing equipment

#### Other
- Medical appointments
- Other shopping and errands

#### Total Hours Worked

<table>
<thead>
<tr>
<th>Provider Initials</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Consumer Initials</th>
</tr>
</thead>
</table>
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 at 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.

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
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<td>Start</td>
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<tr>
<td>End</td>
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</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>D=Daily</th>
<th>W=Weekly</th>
<th>M=Monthly</th>
<th>O=Other</th>
</tr>
</thead>
</table>

**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 & bathroom floors
- Clean bathroom
- Make bed
- Change bed linen
- Routine laundry (wash, dry, fold and put away laundry)
- Heavy house cleaning (one-time only with approval from IHSS)

**Non-Medical Personal Services**
- Dressing
- Grooming and oral hygiene
- Bathing
- Bed baths
- Bowel and bladder care
- Menstrual care
- Help with walking
- Move in and out of bed
- Help on/off seat or in/out of vehicle
- Repositioning
- Rub skin
- Care/assistance with prosthesis
- Respiration assistance
- Other personal services:

**Paramedical Services**
- Administration of medication
- Blood sugar checks
- Injections
- Other paramedical services:

**Shopping**
- Grocery shopping
- Other shopping errands

**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