

Case Number : _____

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM OVERTIME AND WORKWEEK REQUIREMENTS RECIPIENT DECLARATION

This document provides information about overtime and workweek requirements as mandated by state law (Welfare and Institutions Code sections 12300.4 and 12301.1) for the IHSS program. I must read the information and sign this form to show that I understand and agree to follow these requirements.

- Under state law, the maximum amount of time an IHSS provider can work in a workweek providing authorized services is the maximum weekly hours. My total monthly authorized hours will now be divided by 4 to determine my maximum weekly hours. The workweek starts at 12:00 a.m. (midnight) on Sunday and ends at 11:59 p.m. on the following Saturday.
- I can authorize my provider to adjust his/her schedule to work more than his/her normal work hours during the workweek without asking the county for approval as long as it does not cause my provider to:
 1. Work more overtime hours in the month than he/she would normally work;
 2. Work more than 40 hours in a workweek if the maximum weekly hours are 40 hours or less in a workweek; and
 3. Work more than 66 hours in a workweek if my provider is working for multiple recipients.
- Each time my provider does any of the following, he/she will get a violation:
 1. My provider only has me as a recipient and works more than 40 hours in a workweek for me without getting approval from the county when my maximum weekly hours are 40 hours or less per workweek;
 2. My provider has more than one recipient, and he/she works more than 66 hours in a workweek;

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- 3. My provider works more hours for me than my maximum weekly hours in a workweek without getting approval from the county, causing more overtime hours in the month than normal; or
- 4. My provider’s claimed travel time is more than seven hours in a workweek.
- Sometimes I may need my provider to work more than my weekly maximum hours. I must ask the county for approval to adjust my weekly maximum hours; even if the county approves my request for an exception, I will need to have my provider work less hours in the next workweek(s) of the month so that I don’t go over my authorized monthly hours. The county will send me a notice to let me know whether my exception request was approved or denied.
- The county will send me a notice when my provider gets a violation. If my provider gets three violations, he/she will be suspended from providing IHSS for three months. If he/she gets another violation after being reinstated from the three-month suspension, he/she will be terminated as a provider for one year.

RECIPIENT ACKNOWLEDGMENT

I understand and agree to follow all of the requirements listed in this form.

RECIPIENT’S SIGNATURE:	DATE:
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RECIPIENT’S PRINTED NAME: _____

AUTHORIZED REPRESENTATIVE’S SIGNATURE:	DATE:
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AUTHORIZED REPRESENTATIVE’S PRINTED NAME: _____

FOR COUNTY USE ONLY

WORKER NAME:	DATE:
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