| NOTICE OF FORM CH  | ANGE NO. 06-004            |                 |                         |       | DATE 1/10/2006              |
|--|----------------------------|-----------------|-------------------------|-------|-----------------------------|
| TO:  |                            |                 | FROM:                   |       | 1710/2000                   |
| County Welfare Director  |                            |                 | Forms Ma                |       | nt Unit                     |
| Supply Clerk / Forms Coordinator   |                            |                 | (916) 657-              | 1907  |                             |
| ☐ Community Care Licens  | ing District Offices       |                 | District Attorney       |       |                             |
| ☐ Private and Public Adop  | tion Agencies              |                 | Other                   |       |                             |
| Listed below is information re   | egarding a form change. O  | nly applica     | ble information is show | vn.   |                             |
| This notice updates your Dep   | artment of Social Services | County F        | orms Catalog.           |       |                             |
|  | ire & Supervise your in ho | me suppor       | rtive Services Provider |       |                             |
| PUB 190  | (3/05)                     | 1               |                         |       |                             |
| ORDER UNIT EACH  |                            | ESTIMATED PRICE |                         |       | INITIAL SUPPLY SENT  Yes No |
|  | DATE OF FORM               | REPLACES        |                         |       | ☐ 163 ⊠ NO                  |
| □ New  | 3/05                       | 1/04            |                         |       | Obsolete                    |
| REQUIRED FORM-   | REQUIRED FORM-             |                 |                         |       |                             |
| ☐ No Change Permitted  | Substitute Permitt         | ed With Pi      | rior DSS Approval       | ⊠ Rec | ommended Form               |
| UNLESS OTHERWISE SPECIFIED STO  Department of Social Servi P.O. Box 980788  West Sacramento, CA 9579 | ces Warehouse              |                 | Other:                  |       |                             |
|  |                            |                 |                         |       |                             |
|  | FORMS DISPOSITION          | ON AND S        | SPECIAL INSTRUCTION     | DNS   |                             |
| DISPOSITION OF OLD SUPPLY  Use until exhausted   |                            | ⊠ De            | stroy                   |       |                             |
| USE NEW FORM  When supply available in DSS Warehouse   |                            | ⊠ Us            |                         |       |                             |
| USE FORM IN ACCORDANCE WITH  |                            |                 |                         |       |                             |
| All County Letter No.  |                            |                 |                         |       |                             |
| Other (specify)  |                            |                 |                         |       |                             |
| ADDITIONAL INFORMATION REGARDING FO  | RM CHANGE                  |                 |                         |       |                             |

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 651-8876 or by electronic mail at LTS@dss.ca.gov.

Attached is a Reproducible Copy

# SHALL I HIRE THIS WORKER?

Trust your feelings! Making the right choice is not always easy.

- Remember to ask all the questions you want. If in doubt about anything, continue to ask more questions of the worker, the social service worker or the person who told you about the worker.
- Remember to write down things. If anything the worker said sounded odd to you, you can check it out with your social service worker. Remember to write it down so you do not forget.
- Remember, you can interview as many people as you wish. You do not have to hire the first person you interview.
- Remember, you can always change your mind—now or later.
- Remember, YOU should pick the worker who takes care of YOU.
- Remember to call your social service worker immediately, once you hire a worker. If you fire a worker, do the same.

### POINTS TO REMEMBER ONCE YOU HAVE HIRED YOUR WORKER

- It is not okay to be treated badly! Do not let your worker mistreat you.
- If your worker is not doing his or her job, call your social service worker.
- If your worker is frequently late, leaves early, or does not report to work, call your social service worker immediately.
- If your worker is hitting you, hurting you, screaming and yelling at you, or treating you badly in any way, call your social service worker immediately.

#### DOs AND DON'Ts

- **DO** ask for a receipt any time your worker shops for you.
- **DO** call your adult protective services agency or police department if you feel you are in danger.
- **DO NOT** talk about how much money you have with the worker. **DO NOT** talk about your valuable property items and cash.
- DO NOT let your worker sign YOUR name on their timesheet.
- **DO NOT** sign your worker's time sheet if you know they have not worked those hours. Call your social service worker.
- **DO NOT** add your worker's name to your savings, checking, charge accounts, or any other documents.
- **DO NOT** add your worker's name to your SSI, pension, Social Security or any other check.

### Important Telephone Numbers

| Provider/Worker           |  |  |  |  |
|---------------------------|--|--|--|--|
|                           |  |  |  |  |
| Social Service Worker     |  |  |  |  |
| Emergency                 |  |  |  |  |
| Police                    |  |  |  |  |
| Adult Protective Services |  |  |  |  |
| Doctor                    |  |  |  |  |
| Friend or Relative        |  |  |  |  |
|                           |  |  |  |  |



#### STATE OF CALIFORNIA

Arnold Schwarzenegger, Governor

#### HEALTH AND HUMAN SERVICES AGENCY

Kimberly Belshé, Secretary

## DEPARTMENT OF SOCIAL SERVICES

Dennis J. Boyle, Director

PUB 190 (3/05)





State Social Services Advisory Board Committee on Welfare and Social Services This brochure is intended to provide some guidelines for hiring and supervising your In-Home Supportive Services worker or provider.



The following are some of the services that may be available to you through the In-Home Supportive Services Program:

- Household and heavy cleaning, meal preparation, laundry, reasonable shopping and errands.
- Personal care services, such as feeding, bathing, bowel and bladder care, dressing, and other services.
- Assistance with transportation for medical appointments and health related services.

Please check your NOTICE OF ACTION for a complete list of services authorized for you.

The In-Home Supportive Services (IHSS) Program provides assistance to eligible aged, blind, and disabled persons who are unable to remain safely in their own homes without assistance. While your social service worker has the responsibility to assist you in looking for a worker to help, you should make the final choice on who to hire and when to terminate services. The following suggestions can assist you in carefully choosing your worker.

#### WHO ARE YOU HIRING?

It is important that you talk to the worker in person before deciding to hire him or her. You might want to consider the following:

- Have a friend or relative sit in on the interview.
- You may ask to see an identification card with a picture of the worker on it. A driver's license, a Department of Motor Vehicles ID card, an Alien Registration card, or a County Employment ID card are all examples of such cards.
- Write down the worker's name, birth date, and Social Security account number. Keep this information in a place where you can easily find it. Write down their address and their telephone number. Your social service worker will need this information if you hire this person.
- Find out where they live and where and when they last worked. Ask for references from people they have worked for. You may call and ask what kind of work they performed and if there were any problems with the worker.
- Ask if the worker lives in the area and how long they have lived there. This will give you an idea of whether the worker is familiar with the local facilities or if the worker needs a lot of help from you to learn the area. Ask a new worker why he or she moved to this locality.
- Ask if the worker uses alcohol, tobacco, or drugs.
- Look at the worker's appearance. Is the worker neat and clean? If this worker will be cooking meals for you, take a good look at the worker's hands and fingernails and make sure they are clean.

# CAN THE WORKER DO THE JOB?

It is not easy to show a worker how to do things all the time, especially when you do not have the energy to explain what it is that has to be done.

The following questions or observations may be noted before you hire — get the following information from the worker during your talk:

- Previous work—Has the worker done this kind of job before?
- Knowledge of job duties—Does the worker know what the job is about? Has the worker attended any job training? Ask direct questions about doing the job. Talk to the worker about what jobs you need done, such as cooking, laundry, cleaning, bathing, and shopping. If you need transportation, be sure to see that the worker has a valid driver's license and insurance policy.
- Good health—Make sure the worker does not have physical problems that would keep the worker from taking good care of you.
- Working hours—What hours is the worker able to care for you? Does the worker have any other part-time jobs?

