

IHSS Social Worker Case Assessment Checklist

I. Validation of Applicant/Recipient Identification

- Social Worker viewed original or photocopy of government-issued photo ID (e.g., CDL, CA ID, etc.)
- Applicant's/recipient's SSN card
- SSN card **and/or** government-issued photo ID was **NOT** available during home visit

County IHSS Social Worker Signature:

II. Forms (signed by Applicant/Recipient and/or the Authorized Representative (A/R)/Guardian, as applicable)

- IHSS Application (SOC 295)
- Health Care Certification Form (SOC 873)
- Right and Responsibilities (SOC 332)
- Individualized Back-Up Plan and Risk Assessment Form (SOC 864)
- Request for Order and Consent – Paramedical Services Form (SOC 321)
- Protective Supervision Authorization (SOC 821)
- PS 24-Hour Coverage Plan (SOC 825)
- Medical / Healthcare Authorization Release Forms

III. Brochures / Recipient Education Fact Sheets (handed out to the applicant/recipient, as needed) – also available at the State website:

<http://www.cdss.ca.gov/inforesources/IHSS/Fact-Sheets>

- IHSS Information Brochure
- Your Rights Under California Welfare Programs (PUB 13)
- Voter Registration Form
- Overview of the IHSS Services
- IHSS Authorized Tasks
- Paramedical Services
- Share-of-Cost
- Teaching and Demonstration
- Interviewing, Hiring and Firing a Provider
- Getting Started with Your New Provider
- IHSS Consumer and Provider Job Agreement
- Communication with Your Provider
- Setting and Maintaining Boundaries
- Supervising Your Provider

- Deciding When to Fire a Provider
- Filling Out a Timesheet
- Blind and Visually Impaired Accommodations
- Telephone Timesheet System
- Suggestions on How to Handle Money
- Recognizing Abusive Behavior
- IHSS Program Services
- Functional Index (FI) Rankings/Hourly Task Guidelines
- IHSS State Hearings Process
- IHSS Protective Supervision for Minors

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