

## IHSS Authorized Tasks

Mark the tasks you need your provider to do and show how often the task needs to be done. Talk about anything special you want him/her to know as you go through the list. Write notes to help your provider remember your requests.

**REMEMBER:** IHSS will only pay for services that have been authorized by your social worker. When authorizing hours for someone to help you, your social worker considered the things you were able to do safely without help. It is important for you to remain as independent as possible, so you should not ask your provider to do things you can do for yourself safely.

Use the chart below to show whether the tasks need to be done daily (D), weekly (W), monthly (M), or on another schedule (O) such as two times per week.

D=Daily	W=Weekly	M=Monthly	O=Other
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Authorized Task	How often	Notes
<b>Housework</b>		
<input type="checkbox"/> Mop kitchen and bathroom floors		
<input type="checkbox"/> Clean bathroom		
<input type="checkbox"/> Make bed		
<input type="checkbox"/> Change bed linen		
<input type="checkbox"/> Clean sinks		
<input type="checkbox"/> Clean stovetop		
<input type="checkbox"/> Clean oven		
<input type="checkbox"/> Clean refrigerator		
<input type="checkbox"/> Vacuum/sweep		
<input type="checkbox"/> Wipe counter		
<input type="checkbox"/> Dust		
<input type="checkbox"/> Empty trash		

Authorized Task	How often	Notes
<b>Meals</b>		
<input type="checkbox"/> Prepare meals		
<input type="checkbox"/> Meal cleanup		
<b>Laundry</b>		
<input type="checkbox"/> Wash, dry, fold, and put away laundry		
<b>Shopping</b>		
<input type="checkbox"/> Grocery shopping		
<input type="checkbox"/> Other shopping and errands		
<b>Personal Care Services</b>		
<input type="checkbox"/> Dressing		
<input type="checkbox"/> Grooming and oral hygiene		
<input type="checkbox"/> Bathing		
<input type="checkbox"/> Bed bath		
<input type="checkbox"/> Bowel and bladder care		
<input type="checkbox"/> Menstrual care		
<input type="checkbox"/> Help with walking		
<input type="checkbox"/> Move in and out of bed		
<input type="checkbox"/> Help on/off seat or in/out of vehicle		
<input type="checkbox"/> Repositioning		
<input type="checkbox"/> Rub skin		
<input type="checkbox"/> Assistance with prosthesis/meds		
<b>Paramedical Services</b>		
<input type="checkbox"/> Blood sugar checks		
<input type="checkbox"/> Injections		
<input type="checkbox"/> Other paramedical services		
<b>Accompaniment Services</b>		
<input type="checkbox"/> To medical appointments		
<input type="checkbox"/> To alternative resources		

For more information, contact your local county IHSS office.