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

This document provides information about IHSS program overtime and workweek requirements that are based on state law (Welfare and Institutions Code section 12300.4). 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 providing authorized services in a workweek is 66 hours (less any required reduction). The workweek starts at 12:00 a.m. (midnight) on Sunday and ends at 11:59 pm on the following Saturday.

- My total authorized service hours for the month will be broken out into a weekly authorized amount.

- 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 for me more than 40 hours in a workweek; and
  2. work more than my total authorized monthly hours.

- If my provider normally works for me more than 40 hours in a workweek, I can authorize him/her to work more overtime hours for me in a workweek without asking the county for approval as long as I have him/her work less hours in the next workweek(s) of the month so I do not go over my authorized monthly hours.

- I have to ask the county for an exception if I need my provider to work for me more than 40 hours in a workweek, and he/she does not normally work for me more than 40 hours in a workweek.

- If I do not get an approved exception, my provider will get a violation.

- 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.
• I cannot ever authorize my provider to work more than 61 to 66 hours (less any required reduction) in a workweek unless my provider and I are in a one-to-one recipient/provider relationship and I receive the maximum monthly authorized service hours.

• The county will send me a notice each time 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.

• My provider is not eligible to get paid for his/her meal periods (lunch breaks) while he/she is working to provide authorized services for me. I will not allow him/her to take a meal period (lunch break) unless it is at least 30 minutes long and I completely release him/her from his/her work duties during that time.

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**RECIPIENT ACKNOWLEDGMENT**

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

RECIPIENT’S OR AUTHORIZED REPRESENTATIVE’S SIGNATURE: ____________________________

DATE: ____________________________

PRINTED NAME: ____________________________

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**FOR COUNTY USE ONLY**

WORKER NAME: ____________________________

DATE: ____________________________