

## **In-Home Supportive Services Program - Parent Provider Requirements**

I, \_\_\_\_\_ (parent), have been informed by the County IHSS Social Worker that I have a legal duty pursuant to the Family Code for the care of my child, \_\_\_\_\_(recipient), who is under the age of eighteen years. Below are the conditions under which parents and non-parents may be paid for providing IHSS to a minor child.

I have been informed by my social worker that a parent can only be authorized to be the IHSS paid parent provider if:

- The care needs of the child required that parent to leave full-time employment (40-hours a week) or that parent is now prevented from obtaining full-time employment due to the care needs of the recipient child, and
- There is no other suitable provider available, and
- The inability of the parent to perform supportive services may result in inappropriate placement or inadequate care.

I have been informed by my social worker that a provider other than a parent can only be authorized to be paid for performing IHSS services when the parent, or parents, are not available due to:

- employment or attendance in an educational program.
- the parent(s) is physically or mentally unable to provide IHSS services.
- the parent(s) has on-going medical or dental treatment.

Additionally, a provider other than a parent can be paid to complete up to eight hours a week of services for a minor recipient when no parent is available because the parent(s) is completing errands or shopping essential to the family or recipient's siblings. This time is not an additional eight hours, but hours that can be paid to a non-parent provider from the existing authorized IHSS hours.

**I understand the above conditions and agree to:**

- Comply with laws and regulations relating to minor recipient and parent and non-parent provider’s requirements as described above
- Inform County IHSS of changes in my employment status or hours
- Inform County IHSS of changes in the household members or parent’s work schedules
- Inform the county of any change in mental or physical health status
- Inform the county of any change in educational or vocational program enrollment
- Inform the county of any changes in legal relationship with my child status such as adoption, termination of parental rights, and legal guardianship
- Refrain from adding a second parent provider to the case of a minor recipient without the approval of the IHSS Social Worker

I further understand that non-compliance with these requirements may result in loss of status as an IHSS parent provider.

_____ Printed Name	_____ Relationship to Recipient
_____ Signature	_____ Date
_____ Social Worker Name/Code	_____ Date