

CALIFORNIA IHSS CONSUMER ALLIANCE
HELP STRENGTHEN IHSS! TELL US HOW IHSS AFFECTS YOUR LIFE!

CICA advocates to strengthen IHSS, fights against cuts and changes, and we are vigilant in protecting consumer direction in IHSS. To make our advocacy with legislators and decision makers more powerful and personal, we need to know how IHSS affects your life. Does IHSS help you get through the day? Does IHSS help you maintain your dignity and your independence in the community?

Please take a few minutes to tell us about your IHSS services, problems, and concerns. We don't need volumes, rather just a few brief statements. Let us know if we can contact you if we need further information.

Your Name: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____ Email Address: _____

Do you receive In-Home Supportive Services: _____

If so, how many hours a month do you receive: _____

Please tell us how IHSS helps you get through the day, how do changes such as loss of advanced pay, share of cost, and late pay impact your life. List important issues with your IHSS and feel free to suggest how you would strengthen IHSS: _____

I hereby authorize CICA to give my story and my contact information to the media and/or to legislators.

Your Signature: _____ Date: _____

Email this form to info@cicaihss.org or mail this form to: CICA, 735 P Street, #C4, Eureka CA 95501