NOTICE OF FORM CHA	ANGE NO. 06-007				DATE 1/10/2006
TO: County Welfare Dir Supply Clerk / Forn		FROM: Forms Ma (916) 657-	•	t Unit	
☐ Community Care Licensing District Offices ☐ Private and Public Adoption Agencies			District Attorney Other		
Listed below is information re				vn.	
This notice updates your Dep	artment of Social Services	s County Fo	orms Catalog.		
FORM NUMBER AND TITLE IN Home S PUB 56 (	Supportive Services Progr 3/05)	ram			
ORDER UNIT EACH	⊠ Free ☐ Sold	ESTIMATED F	PRICE		INITIAL SUPPLY SENT  ☐ Yes ⊠ No
☐ New ☐ Revised	date of form 4/05	REPLACES 1/04			Obsolete
REQUIRED FORM-  No Change Permitted	REQUIRED FORM- Substitute Permitt	ted With Pri	or DSS Approval	⊠ Rec	ommended Form
UNLESS OTHERWISE SPECIFIED STOO Department of Social Servio P.O. Box 980788 West Sacramento, CA 9579	es Warehouse		Other:		
	FORMS DISPOSITI	ON AND S	PECIAL INSTRUCTION	ONS	
DISPOSITION OF OLD SUPPLY  Use until exhausted		⊠ Des	stroy		
E NEW FORM  When supply available in DSS Warehouse		Use new form effective 3/05		3/05	
SE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR Attached is a Reproducible C					

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 651-8876 or by electronic mail at LTS@dss.ca.gov.

# THE IN-HOME SUPPORTIVE SERVICES PROGRAM

There are aged, blind or disabled persons who are limited in their ability to care for themselves and cannot live safely at home without help. This includes those who would be able, with help, to return to their home from a hospital, nursing home or a board and care home. This help may be provided to eligible persons through the In-Home Supportive Services Program (IHSS).

This pamphlet describes the IHSS Program. It tells who is eligible and how to apply. If you need additional information, contact your county welfare department or social services agency.



My County Service Worker	is:
--------------------------	-----

Name	 	
Address		
Dhana		
Phone		
County of:		



#### STATE OF CALIFORNIA

Arnold Schwarzenegger, Governor

HEALTH AND HUMAN SERVICES AGENCY Kimberly Belshé, Secretary

#### DEPARTMENT OF SOCIAL SERVICES

Dennis J. Boyle, Director

PUB 56 (3/05)

#### IN-HOME SUPPORTIVE SERVICES PROGRAM





GENERAL INFORMATION BROCHURE

### WHO IS ELIGIBLE?

To be eligible for the program a person must meet all of the following requirements:

- Must be disabled, or age 65 or older or blind.
- 2. Unable to live safely at home without help.
- 3. Financial inability to purchase needed services.

## WHAT IS FINANCIAL NEED?

Persons who receive SSI/SSP meet the program's financial need requirement. Others may also be eligible but may need to pay a portion of the costs for services.

#### **HOW TO APPLY?**

To apply for In-Home Supportive Services call the county welfare or social services agency in your area. A service worker will come to your home to discuss what help you may need and determine what costs, if any, you may need to pay for the services. The service worker usually conducts a "needs assessment" on the initial home visit.

#### WHAT IS A NEEDS ASSESSMENT?

The service worker makes an assessment of what your needs are based on your medical condition, your living arrangement, and what assistance you may be getting from your family, friends or available community services. The needs assessment will determine which services are needed and how often they are to be provided. Your Doctor may be consulted to verify your medical condition.

## WHAT SERVICES ARE AVAILABLE?

In-Home Supportive Services provides a wide range of services to meet individual need and assure you can live safely at home. These services may include house cleaning, shopping, cooking, laundry and personal care.

FOR
ADDITIONAL
INFORMATION,
PLEASE CONTACT
YOUR COUNTY
WELFARE DEPARTMENT

## **COMMUNITY RESOURCES**

Listed below are the names and addresses of other services which may be used in addition to or as an alternative to IHSS.