



In-Home Support Services Client and Provider Agency Responsibilities

Section I: Client Information

Client Medicaid Number: _____

Client Full Name: _____

IHSS Provider Agency: _____

Section II: Responsibilities

The client’s physician has indicated the client is able to participate in In Home Support Services with the requirement of having either:

- a) An Authorized Representative designated by the client to direct and manage IHSS services.

OR

- b) An agreement to receive additional support from an IHSS provider agency in directing and managing IHSS services. The client must receive one or more of the additional supports listed below.

The client has elected to receive additional support from an IHSS provider agency.

The client and provider agency have agreed for the IHSS provider agency to provide the following supports to the client:

Present person(s) to client as potential attendant(s)

Train attendant(s) to meet client’s needs

Manage and supervise attendant(s)

Directly schedule attendants and document any permanent and significant changes in scheduling

Determine, in conjunction with the client, the level of oversight by a licensed health care professional.

Dismiss attendant(s) who are not meeting the client’s needs



Signature of Client Date

Signature of Provider Agency Representative Date

This form must be updated between the client and the provider agency when there is a change to the supports the client has elected to receive from the IHSS provider agency. A copy of the form is to be sent to the case manager within 5 days of the change.

