

IV. IHSS WORKSHEET

IN-HOME SUPPORTIVE SERVICES SELF-ASSESSMENT WORKSHEET

SERVICES	DAYS							WEEKLY TOTAL
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
<p>Domestic Services: For adults only. Children are not eligible to receive domestic service hours. Domestic services are usually limited to 6 hours per month per household and divided by the number of people in the household. If you need more hours of domestic services because of the recipient's disability (e.g., more frequent bathroom cleaning due to incontinence, frequent dusting due to asthma, etc.), then mark the time needed in the columns below. See section II of the Fair Hearing and Self-Assessment Packet for more information.</p>								
<u>DOMESTIC SERVICES</u>								
a. Sweeping and vacuuming								
b. Washing kitchen counters								
c. Cleaning oven and stove								
d. Cleaning and defrosting refrigerator								
e. Cleaning bathroom								
f. Storing food and supplies								
g. Taking out garbage								
h. Dusting and picking up								
i. Bringing in fuel for heating or cooking purposes from a fuel bin in yard, miscellaneous								
j. Changing bed linens								
k. Miscellaneous								
TOTAL DOMESTIC SERVICES								

SERVICES	DAYS														WEEKLY TOTAL		
	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday				
	B	L	B	L	B	L	B	L	B	L	B	L	B	L		D	
<u>RELATED SERVICES</u>																	
a. Preparing meals, serving meals, cutting up food*																	
b. Meal clean up and menu planning**																	
c. Laundry, mending, ironing, sorting, folding and putting away clothes (60 minutes per week allowed if in-home, 90 minutes per week if laundry is out-of-home)***																	
d. Shopping for food (60 minutes per week maximum)**																	
e. Other errands (30 minutes per week maximum)**																	
TOTAL RELATED SERVICES																	

***If you need more than the time allowed for these services due to the recipient's disability (i.e., daily shopping for fresh food, frequent laundry due to spilling food, etc.), then mark the time needed in the columns.

SERVICES	DAYS							WEEKLY TOTAL
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
HEAVY CLEANING								
<u>NONMEDICAL PERSONAL SERVICES</u>								
a. Respiration*								
b. Bowel/bladder care (including help on/o commode)*								
c. Feeding and drinking*								
d. Bed baths*								
e. Dressing*								
f. Menstrual care*								
g. Ambulation*								
h. Moving into and out of bed*								
i. Grooming, bathing, hair care, teeth and fingernails*								
j. Rubbing skin to aid circulation, turning in bed, repositioning in wheelchair, help in and out of vehicles*								
k. Care and help with prosthesis (including wheelchair)*								
TOTAL PERSONAL CARE SERVICES								

SERVICES	DAYS							WEEKLY TOTAL
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
<u>MEDICAL TRANSPORTATION</u>								
a. To medical appointments _								
b. To alternative resources								
<u>YARD HAZARD ABATEMENT</u>								
<u>PROTECTIVE SUPERVISION</u>								
<u>TEACHING AND DEMONSTRATION</u>								
<u>PARAMEDICAL SERVICES*</u> (i.e., catheterization, injections, range of motion exercises, etc., specify)								
a.								
b.								
TOTAL WEEKLY SERVICES (Everything except Domestic Services)								
Multiply by 4.33 to get monthly total								
Plus Domestic Services (6 hours per month maximum unless more needed hours can be shown on page 1 above)								
TOTAL MONTHLY SERVICES								

* If asterisked hours equal 20 or more hours a week, recipient qualifies as "severely impaired."

** Meal clean-up hours are included in determining whether severely impaired if IHSS assistance with meal preparation and consumption are necessary.

— IHSS will pay for transportation time to get you there and back but usually not the time while at the doctor's or clinic. When IHSS does not cover wait time, then IHSS should cover the transportation time for 4 trips: there and back to drop off; there and back to pick up.