

## IHSS Authorized Tasks

Mark the tasks you need your provider to do and show how often the task needs to be done. Talk about anything special you want him/her to know as you go through the list. Write notes to help your provider remember your requests.

**REMEMBER: IHSS will only pay for services that have been authorized by your social worker. When authorizing hours for someone to help you, your social worker considered the things you were able to do safely without help. It is important for you to remain as independent as possible, so you should not ask your provider to do things you can do for yourself safely.**

Use the chart below to show whether the tasks need to be done daily (D), weekly (W), monthly (M), or on another schedule (O) such as two times per week.

**D = Daily**

**W = Weekly**

**M = Monthly**

**O = Other**

Authorized Task	How often	Notes
<b>Housework</b>		
Mop kitchen and bathroom floors		
Clean bathroom		
Make bed		
Change bed linen		
Clean sinks		
Clean stovetop		
Clean refrigerator		
Vacuum/sweep		
Wipe counter		
Dust		
Empty trash		
<b>Meals</b>		
Meal Prep		
Meal clean-up		
<b>Laundry</b>		
Wash, dry, fold, and put away laundry		
<b>Shopping</b>		
Grocery shopping		
Other shopping and errands		

Authorized Task	How often	Notes
<b>Personal Care Services</b>		
Respiration		
Feeding		
Dressing		
Grooming and oral hygiene		
Bathing		
Bed bath		
Bowel and bladder care		
Menstrual care		
Ambulation (example: help with walking)		
Transfer		
Help on/off seat or in/out of vehicle		
Repositioning		
Rub skin		
Assistance with prosthesis/meds		
<b>Paramedical Services</b>		
Blood sugar checks		
Injections		
Other paramedical services		
<b>Accompaniment Services</b>		
To medical appointments		
To alternative resources		

**For more information, contact your local IHSS office.**