

Part 2: Self-Assessment Worksheet

(NOTE: The following section is not fully accessible. Please contact us if you need a different format for those worksheets at 1-800-776-5746.)

In-Home Supportive Services Self-Assessment Worksheet

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 than 6 hours of domestic services per month 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.

IHSS DOMESTIC SERVICES TABLE TO BE PRINTED AND FILL IN THE BLANKS

DOMESTIC SERVICES	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL
a. Sweeping and vacuuming								
b. Washing kitchen counters								
c. Cleaning oven and stove								
d. Cleaning and defrosting refrigerator								

DOMESTIC SERVICES	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL
e. Storing food and supplies								
f. Taking out garbage								
g. Dusting and picking up								
h. Bringing in fuel for heating or cooking purposes from a fuel bin in yard, miscellaneous								
i. Changing bed linens								
j. Miscellaneous								
TOTAL DOMESTIC SERVICES								

Related services: meal preparation, meal clean up, routine laundry, shopping, and other errands. (Monday through Sunday.)

IHSS RELATED SERVICES TABLE TO BE PRINTED AND FILL IN THE BLANKS

RELATED SERVICES	Mon.			Tue.			Wed.			Thurs.			Fri.			Sat.			Sun.			TOTAL			
Breakfast=B, Lunch=L, Dinner=D	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	
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 (Usually, 60 minutes per week in-home, 90 minutes per week out-of-home)***																									
d. Other Shopping / Errands (Usually, 30 minutes per week maximum)***																									

RELATED SERVICES	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL
TOTAL RELATED SERVICES								

IHSS NON-MEDICAL PERSONAL SERVICES TABLE TO BE PRINTED AND FILL IN THE BLANKS

NON-MEDICAL PERSONAL SERVICES	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL
<u>HEAVY CLEANING</u>								
<u>NONMEDICAL PERSONAL SERVICES</u>								
a. Respiration*								
b. Bowel/bladder care (including help on/off commode)*								
c. Feeding and drinking*								
d. Bed baths*								
e. Dressing*								
f. Menstrual care*								
g. Ambulation*								
h. Moving into and out of bed*								
d. 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*								

NON-MEDICAL PERSONAL SERVICES	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL
k. Care and help with prosthesis*								
TOTAL PERSONAL CARE SERVICES								

IHSS TRANSPORTATION SERVICES TABLE TO BE PRINTED AND FILL IN THE BLANKS

TRANSPORTATION SERVICES		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL
Medical Transportation									
a. To medical appointments***									
b. To alternative resources									
YARD HAZARD ABATEMENT									
PROTECTIVE SUPERVISION									
<u>PARAMEDICAL SERVICES</u> (i.e., catheterization, injections, range of motion exercises, etc., specify)									
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 to and from medical appointments, as well as wait time. To be paid for waiting at a medical appointment, the provider has to show that while they are at a recipient’s medical appointment, they cannot leave because they cannot predict how long the recipient’s appointment will take. For more information about transportation to and from medical appointments, and provider wait times at those appointments, see our IHSS Provider Wait and Travel Times publication, available online. [DRC Pub # 5607.01](#).