BEING A SUCCESSFUL HOME CARE WORKER

Most elderly and disabled individuals prefer to stay independent for as long as possible. They want to stay in control of their lives and live in their homes or apartments among familiar surroundings and friends.

Sometimes, in order to achieve these goals, additional help in the home is needed. This guide will give you information to help you feel more comfortable about helping someone remain in their home. This guide also contains detailed questions to ask Consumers regarding hiring, supervision and dismissal of Home Care Workers.

WHAT IS THE IHSS PUBLIC AUTHORITY?

Riverside County In-Home Supportive Services Public Authority is a division of IHSS established to assist IHSS Consumers, who are elderly and/or disabled, to find Home Care Workers so they can continue to live independently in their own homes. The Public Authority operates a Registry that:

♦ Recruits Home Care Workers through out Riverside County.
♦ Screens applicants through background checks and drug & alcohol screening.
♦ Maintains a computer data base of IHSS Consumers and Home Care Workers.
♦ Uses the computer to match Consumer needs with the stated skills and availability of workers.
♦ Sends Consumers a list of names of potential Home Care Workers.
♦ Provides training to Consumers and Home Care Workers.

The Registry provides support services to Consumers as needed. These services may include:

- Assisting the Consumer and Home Care Worker with understanding employer/employee roles, rights and responsibilities.
- Understanding how to interview and hire Home Care Workers.
- Calling Home Care Workers and setting up interviews.
- Being present at interviews.
- Assisting with resolution of conflicts between Consumer and Home Care Worker.
- Understanding payroll, time sheets and share of cost payments.

HOME CARE WORKER TRAINING

Your Consumer will train you to provide the tasks in his or her home, but some of you will want additional training in safety, CPR/first aid, infection control in the home and other topics such as doing personal care, dealing with difficult people, and how to reduce stress. The IHSS Public Authority provides training sessions throughout the county and will contact workers on upcoming trainings. Contact the Public Authority for more information.

REMEMBER

- You are hired by the Consumer; he/she is your employer.

TELEPHONE SCREENING

IHSS Consumers will take the time to interview applicants but first they will want to screen them by telephone.

If you, as the applicant sound reliable and the Consumer gets a good feeling about the telephone conversation, the Consumer will set up an interview time. If the phone screening does not go well, the Consumer may not make an appointment for an interview.

It is very important that you do not ask the Consumer for any personal information such as name, address or phone number.

- Be friendly.
- Give a brief description of your skills.
- State the number of hours you are available.
- Ask if the Consumer needs you to accompany him/her to medical appointments.
- Offer to provide the Consumer with a list of references at the time of the interview.
- Even if you do not get the offer of a personal interview, thank them for calling.
INTERVIEWING IN PERSON

Arrive at your interview on time. The Consumer may wish to have a family member, trusted friend or a neighbor present during the interview. This may help them feel safer and more comfortable. The family member or friend may think of additional questions to ask and assist the Consumer in the review interview. You may feel more relaxed about interviewing if you practice what you are going to say with someone else before you actually have an interview.

- Be prepared to show an identification card with a picture such as a Driver’s License, a Department of Motor Vehicles ID Card, or your IHSS Public Authority Registry ID.
- Become acquainted with the Consumer by letting them tell you about themselves. This also shows that you have an interest in them as a person.
- Review with the Consumer their “Notice of Action” which they receive from their IHSS Social Worker. This will tell you how many hours you are authorized to work and what you are to do. If you do any other unauthorized work, you will not be paid for it.
- Answer all the questions and be prepared to give information if the Consumer does not ask a lot of questions.

SOME POSSIBLE QUESTIONS THE CONSUMER MAY ASK YOU:

What kind of work have you done?
- What kind of training, if any, have you had?
- What type of work do you enjoy?
- What type of work do you NOT enjoy?
- What are your interests?
- Why are you in this line of work?
- Do you mind being around someone who smokes or drinks?
- Are you allergic to cats or dogs?
- Would you be willing to work together with them on some tasks?
- Will you cook according to their needs and plan menus with me?
- Is there anything on the “Notice of Action” that you cannot or would not do?
- How long do you plan to stay on the job?
- Would you ever have any occasion to bring someone to work with you?
- Do you have any problem understanding written or oral directions?
- Are there any problems with the days or hours they would need you to work?

SPECIAL NEEDS INTERVIEW QUESTIONS

The following is a list of questions that provides the Consumer with information about a specific special need. If you have experience or special knowledge in these areas let the Consumer know.

- Have you had any experience in caring for a person with severe memory loss?
- How would you handle a person who wanders?
- How would you deal with a person who refuses to eat?
- How would you handle aggressive or abusive behavior?
- What is your training in providing domestic and personal care services?
- How would you handle a medical emergency?
- Have you ever been certified to give first aid?
- Can you perform wound care? Would you be willing to learn how?
- Can you measure and document changes in behavior?
- Do you know how to operate a lift to transfer someone?
- Can you change a bed with someone in it?

AFTER THE INTERVIEW

- Thank the Consumer for inviting you to interview.
- Ask the Consumer when they will be making a decision.
GENERAL DUTIES AFTER YOU ARE HIRED
As an IHSS Home Care Worker, you may perform a variety of household management tasks including meal planning, shopping, food preparation, house cleaning, personal care, transportation to medical appointments, paramedical services, and/or laundry. All tasks are authorized by the IHSS Social Worker as shown on the Consumer’s “Notice of Action.”

YOUR RESPONSIBILITIES
You, as the IHSS Home Care Worker, have the responsibility and obligation to:

- Be on time to work every time (no excuses)
- Provide quality service by using the authorized hours in an efficient, effective manner. Know what services are authorized by reviewing the Consumer’s “Notice of Action” with the Consumer and provide authorized services only. Remember, you are only to do work needed by the Consumer, not others in the house hold.
- Help the Consumer maintain or increase self-sufficiency.
- Promptly report any changes in the Consumer’s health, abilities, environment, or need for services to the IHSS Social Worker.
- Fill out timecards, work schedules and other forms as required.
- Maintain strict confidentiality about the Consumer you work for.
- Report suspected abuse or neglect.

LIGHT HOUSEKEEPING
Although duties may vary from Consumer to Consumer, a general description of light housekeeping includes doing the following tasks, for the Consumer only. The Consumer must provide cleaning supplies:

- Vacuuming, dusting, and sweeping.
- Damp mopping kitchen and bath areas.
- Washing dishes.
- Cleaning countertops in kitchen and bath.
- Cleaning stove and refrigerator.
- Making beds and changing linens.
- General tidying up.

Light housekeeping does NOT include: Moving heavy furniture or refrigerators, turning mattresses, cleaning floors on hands and knees, cleaning windows, scrubbing walls, cupboards, baseboards or ceilings, washing window coverings such as drapes or blinds, shampooing or scrubbing rugs or carpets. These can be done only if “heavy cleaning” is authorized, usually only once when the Consumer enters the IHSS Program. Pet care is NOT an authorized activity (as in feeding or bathing pets) however, cleaning up messes left by pets may be.

LAUNDRY
Hand laundry is limited to two or three personal items of the Consumer’s that cannot be machine washed. Machine laundry can be done in the Consumer’s home or a Laundromat (limited to the Consumer’s items only). The Consumer must provide money and supplies (soap, ect.) to operate the machines.

LIGHT IRONING
Light ironing is limited to two or three articles of the Consumer’s clothing only (no sheets, pillowcases, tablecloths or curtains).

MEAL PREPARATION AND PLANNING
You may need to prepare breakfast, lunch, dinner, and/or snacks. Work with your Consumer to plan meals and develop a shopping list. Ask if they have a special medical diet. You are only responsible for cooking for your Consumer, not other household members.

GROCERY SHOPPING / RUNNING ERRANDS
IHSS is paying you to do tasks for the Consumer which they cannot do for themselves. Services may include time for grocery shopping (up to one hour per week) and errands up to ½ hour per week. Errands may include picking up necessities such as prescriptions, shampoo, etc.

- You may be asked to go to the drug store, bank, post office or dry cleaners. If possible, combine all errands into one trip and do errands at the same time you do the grocery shopping.
- Go to the nearest stores.
- Errands are limited to the Consumer’s needs only.
- Give the Consumer receipts from your purchases.
PERSONAL CARE

Personal care is care of the person’s body, and includes assisting the Consumer with:

- Bathing and dressing
- Grooming (shampoo, hair care, shaving and brushing teeth)
- Transferring from wheelchair to bed, changing positions, walking and moving from place to place
- Using the toilet
- Skin care
- Assistance to eat
- Range of motion and stretching

PARAMEDICAL SERVICES

If the Consumer’s doctor has ordered paramedical services, such as help to fill insulin syringes or other basic medical procedures, a licensed health care professional or your Consumer must train you before you do these tasks.

TAKING CONSUMERS TO MEDICAL VISITS

Transportation services may be authorized for you to take the Consumer to medical appointments only. The purpose is to make sure the person gets medical care they need and gets to and from the doctor’s office safely. IHSS DOES NOT PAY FOR GAS.

- Accompanying the Consumer to medical appointments is permitted, when the Consumer requires assistance at the appointment and cannot go alone.
- Assisting a Consumer in and out of a vehicle or an office building is allowed when the Consumer is unable to perform these activities independently.
- IHSS does not pay for automobile insurance, but you MUST have insurance to transport the Consumer.
- Remember to turn OFF your cell phone when transporting a Consumer, for your safety and the safety of the Consumer.

INJURIES AND ACCIDENTS

Workers Compensation covers you for all injuries you may incur while doing services specifically authorized by an IHSS Social Worker. If you are injured while performing a task NOT authorized, the Consumer could be held responsible if the Consumer asked you to perform the task.

- If you are injured or hurt while performing an authorized task, you MUST report it immediately to the IHSS Social Worker and the In-Home Supportive Services Public Authority.

TIMECARDS

There are two pay periods:
1. The 1st through the 15th of the month
2. The 16th through the last day of the month

Turn in your timecards at the end of each pay period when you have worked all your hours, as soon as you and your Consumer have signed and dated it. Your Consumer cannot sign the timecard until after the work has been completed. This should be done on the last day you work in either pay period.

Enter ALL HOURS WORKED whether your Consumer has a Share of Cost or not. For days you did not work please enter “zero.” Turn in, or mail your signed time card to the Riverside County Department of Public Social Services, 10281 Kidd Street, Riverside, CA 92503, Attn: IHSS.

PAYROLL INFORMATION

It is YOUR responsibility to turn in your timecard. The majority of late paychecks are a result of a Home Care Worker submitting the timecard late. Incomplete or illegible timecards also cause delayed payment. Paychecks should arrive within ten (10) working days after the timecard is received by the County Fiscal Office. If you are receiving Exclusive Care health benefits, late time cards may jeopardize your eligibility.

- Any private arrangement made between the Consumer and you to do other work than that which is authorized by the IHSS Social Worker is strictly between the Consumer and the Home Care Worker and will not be paid for by IHSS.
- The Consumer is responsible for paying you the Share of Cost amount, if one is shown on the timecard, during the first pay period of the month. The County is not responsible for the Share of Cost, and a Consumer who refuses to pay it can lose IHSS eligibility and services.
TAXES Social Security contributions will be withheld unless you are caring for your own child, you are a spouse, or you are a minor child working for your parent being paid as a Home Care Worker. Income taxes will not be withheld unless you request it. If you want taxes withheld, fill out the W-4 form given to you during the registration at the IHSS district office. You may be eligible for Earned Income Tax Credit.

BENEFITS Depending on the amount of time worked, you may be eligible for State Disability and/or Unemployment Benefits if laid off. You are covered against injury by Workers Compensation. If you are injured on the job, you must report the injury immediately to the IHSS Social Worker and the PA Registry Specialist. Additionally, if you work 80 hours per month for three consecutive months you may be eligible for medical health insurance through Exclusive Care.

REGULAR WORK HOURS AND TIME OFF
IHSS does not authorize vacation or sick time off. If you do not work the hours authorized the Consumer may give that time to another Home Care Worker.

- Take your timecard with you and fill in the hours every time you work. Have the Consumer sign it at the end of each pay period after you have entered all the hours.

- Always call the Consumer if you are going to be late or unable to work.

- If you need planned time off, call the IHSS-PA Registry Specialist/or Community Program Specialist and give your Consumer plenty of advance notice so there will be time to arrange for a replacement through the Public Authority Registry.

- Do not send a substitute to work for you. If you need time off, let the Consumer and the IHSS Public Authority, Community Program Specialist know so other arrangements can be made for the Consumer.

- Submit your time sheet promptly and accurately at the end of each pay period.

BE PROFESSIONAL ON THE JOB
Always remember this is a job. Just because you are working in someone’s home or working for a relative or friend does not mean you can treat it as any less of a job.

- Do not bring your friends or your children to work with you.

- Do not tell your Consumer your personal problems. Keep discussions of your personal life to a minimum.

- Do not eat the Consumer’s food or accept gifts or loans from the Consumer.

- Do not borrow money from the Consumer even if they offer it.

- Never discuss controversial subjects such as religion or politics.

- Never ask your Consumer to contribute to, join or buy anything.

- TURN OFF YOUR CELL PHONE OR PUT IT ON VIBRATE, while you are working for the Consumer.

CONFIDENTIALITY
Never tell anyone the name, address, medical or other personal information about your Consumer - this is confidential by State Law. Never discuss your Consumer’s personal or private affairs with anyone other than the IHSS Social Worker or the IHSS Public Authority staff.

WORKING IN A CONSUMER’S HOME ALONE
You will not be paid for any time spent performing tasks while the Consumer is hospitalized or on vacation (unless you go on vacation with the Consumer in order to assist them and you remain in the United States.) Never work in the Consumer’s home when the Consumer is temporarily absent, such as at a doctor’s appointment. Work while the Consumer is present to reduce complaints of theft or damage to the Consumer’s personal property, and to reduce questions about the completion of tasks.

GOOD COMMUNICATION
Communication is the key to being a good Home Care Worker for IHSS. When the Consumer explains the task you will be paid by IHSS to do, ask questions to make sure you understand
exactly what you need to do, and how the Consumer wants it done. Ask the Consumer to write down what they want done and how they want you to do it. Try to do the task as the Consumer asks... this is their home and their body, and they know what will work. Listen to the Consumer’s wishes and do everything you can to meet them. Respect their knowledge. If you are unclear about something, ask the Consumer. Please do not argue with the Consumer. If you start having problems communicating with the Consumer, the IHSS Public Authority Community Program Specialist can help with mediation. Call your Registry Specialist or the Community Program Specialist at 1-888-470-4477 or 951-358-7440.

SUPERVISION
Supervision includes accountability, good communication and recordkeeping. It is important that you try to encourage the Consumer to do as much as they can.

You may want to do some activities together with your Consumer like folding clothes or cooking. Ask the Consumer to post the main list of their needs – the job description – on the refrigerator. If they want certain things done in a specific way, it is important to write them down and post them in convenient places like the bathroom or kitchen. This makes communication and supervision easier. Remember that it is not important that all tasks are always done exactly the way in which you would do them. There are many ways to do things. This can be a cooperative effort. The following guidelines will help you in providing for your Consumer.

ACCEPTING CORRECTION

- Discuss problems as they arise – don’t bottle them up. Discuss them fairly and calmly.
- When being offered corrections, first try to comment on how a task should be done. Ask the Consumer how they want the task done.
- Blaming the Consumer or making them feel ashamed will not help keep you working. If you find it difficult to be corrected by your Consumer, ask for help from the IHSS Public Authority, we can assist in mediating problems.

HANDLING THE CONSUMER’S MONEY

When you handle money, personal checks, other types of checks, credit cards, or Medi-Cal cards that belong to the Consumer, obtain a note with permission from the Consumer for anything you are handling and taking out of their home. Before you leave the Consumer’s house, count the money in front of the Consumer and verify what you are taking. Make a note of the amounts on a piece of paper. When you return, verify the amount spent and the amount of change and have the Consumer initial the piece of paper. This is for your protection. Provide receipts for all expenditures.

BREAKAGE OF A CONSUMER’S PROPERTY

Be careful in the Consumer’s home to avoid damaging ANY of the Consumer’s possessions. If you damage something, you may be liable to pay or replace it. If you routinely damage things, the Consumer may fire you.

FOR YOUR OWN SAFETY

- Consumers should not leave valuables lying around. They should keep their jewelry, cash, checkbook and credit cards put away safely and securely. If valuables are left out, ask the Consumer to put them away. Do not move any valuables without their permission.
- Ask for a receipt every time you shop for the Consumer. Be sure to give the Consumer the receipt.
- Do not add your name to the Consumer’s savings, checking, charge account, Social Security, (SSI) or any other documents.
- Try not to get overly involved with your Consumer’s private life.
- Do not lend your Consumer money, your car, household furnishings or clothing.
- If your Consumer is abusing you – hitting you, screaming at you, endangering your health or making you feel afraid, contact the Consumer’s IHSS Social Worker– tell family and friends immediately and call the police or Adult Protective Services at 1-800-491-7123. Always report problems to the In-Home Supportive Services Public Authority 1-888-470-4477 and the PA Community Program Specialist.

1/2008
BEING DISMISSED BY THE CONSUMER

There are many reasons for letting someone go. It may be that Consumer just does not feel comfortable. They may find you to be bossy, or just not doing what you both agreed upon. You may arrive late for work or miss days without letting them know.

Other reasons for dismissal might include abuse of drugs or alcohol, excessive use of the telephone or items missing from their home.

REASONS FOR IMMEDIATE DISMISSAL

- **Theft or Financial Abuse.** Your employer may confront you and ask for an explanation if they suspect theft or misuse of bank accounts. If they really believe something of value is missing and you are responsible, they will call the police.

- **Abuse or Neglect.** As an IHSS Home Care Worker, you are a mandated reporter of child and elder or adult abuse or neglect. If you notice that another person is abusing or neglecting the Consumer, you MUST call Adult Protective Services 1-800-491-7123 immediately. If you harm your Consumer, or yell at them, a referral may be made to Adult Protective Services and you will be removed from the home.

Being a good IHSS Home Care Worker takes learning and experience. If you need help in handling any of these issues, you can call the IHSS Public Authority. We can assist you in working out problems between you and your Consumer.
State of California - Health & Welfare Agency - Department of Social Services

IN-HOME SUPPORTIVE SERVICES
NOTICE OF ACTION

Note: This notice relates ONLY to your Social Services.
It does NOT affect your receipt of SSI/SSP or Social Security.
KEEP THIS NOTICE WITH YOUR IMPORTANT PAPERS.

YOUR IHSS OFFICE

IF REQUESTING A STATE HEARING, PLEASE SEND TO:

Case Number
Date Mailed

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Your Countable Income: $ ________
Minus SSI/SSP Benefit Level: $ ________
Your Share of Cost: $ ________
Minus Assessed IHSS Cost: $ ________
Income in Excess of Assessed Cost: $ ________

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<th>SERVICES</th>
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<td>DOMESTIC SERVICES per month:</td>
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<td>Clean floors, wash kitchen counters, stoves, refrigerators, bathroom, store food, supplies; take out garbage; dust, pick up, bring in mail, change and make bed.</td>
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<td>HEAVY CLEANING (one month only):</td>
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<td>RELATED SERVICES per week:</td>
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<td>* Prepare Meals:</td>
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<td>** Meal Cleanup:</td>
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<td>Other Shopping Errands:</td>
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<td>NON-MEDICAL PERSONAL SERVICES per week:</td>
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<td>* Respiratory Assistance:</td>
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<td>* Bowel, Bladder Care:</td>
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<td>* Move In/Out of Bed</td>
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<td>* Bathe, Oral Hygiene/Grooming:</td>
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<td>* Rub Skin, Repositioning, Help On/Off Seats, In/Out of Vehicle:</td>
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<td>* Care/Assistance with Prosthesis:</td>
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<td>TRANSFORMATION SERVICES per week:</td>
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<td>Medical Appointment:</td>
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<td>To Alternative Resources:</td>
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<td>YARD HAZARD ABATEMENT:</td>
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<td>Remove Grass, or Yard:</td>
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<td>Rubbish (one month only):</td>
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<td>Remove Ice, Snow, per week:</td>
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<td>PROTECTIVE SUPERVISION per week:</td>
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<td>TEACHING/Demonstration per week: (no more than three months duration)</td>
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| PARAMEDICAL SERVICE per week: | | | |
| TOTAL WEEKLY HOURS X 4.33: | | | |
| ADD DOMESTIC SERVICE HOURS: | | | |
| ADD HEAVY CLEANING: | | | |
| ADD REMOVE GRASS, ETC.: | | | |
| TOTAL MONTHLY HOURS (rounded to the nearest tenth) | | | |
| NOW | WAS |

Restaurant Meal Allowance: $ ________

□ "Since you meet the criteria for 20 hours or more in starred (*) services you can get an advance payment to pay your own provider. If you want to get advance payment, contact your service worker. The double starred (**) service is included in the 20 hours only when assistance with feeding, preparation of meals and meal cleanup are all required."

The above action(s) is supported by Federal Law (Social Security Act), State Law (Welfare and Institutions Code), Federal Regulations (Code of Federal Regulations), State Regulations (California Administrative Code and State Department of Social Services Manual of Policies and Procedures):

You must report immediately any changes that might affect your eligibility or need for In-Home Supportive Services such as change in income, property, living arrangement, medical condition or ability to work. If you have any questions or think additional facts should be considered contact:

District Office: Service Worker: SW#: Telephone:

YOU HAVE THE RIGHT TO FILE A WRITTEN OR ORAL REQUEST FOR A STATE HEARING. PLEASE SEND YOUR WRITTEN REQUEST TO THE COUNTY ADDRESS ON THE TOP RIGHT CORNER OF THIS FORM.

PLEASE SEE REVERSE SIDE OF THIS NOTICE FOR FURTHER DETAILS.
CHAVEZ, ELIA [Female]
Home Phone   (951)123-4567

HAS ANSWERING MACHINE

Training Level:

Schedule:

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Will also work:

- Holidays: yes
- Short Shifts
- Live-in

Languages:
- Best Lang: Spanish
- Eng. Fluency: Fluent

Otr. Lang:

Smokes: No
Won't work in home with smokers

Allergies: Cats;

Driving:

Will drive own car for consumer
Has Valid Driver's License

Provider Notes: ALLERGIC TO CATS AND BIRDS

VALDES, ROSE [Female]
Home Phone   (951)000-0000
Cell Phone   (951)123-4567

HAS VOICE MAIL

Training Level:

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<td>X</td>
</tr>
<tr>
<td>Morn.</td>
<td>Holidays</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Aft.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>Eve.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O’Nite</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Will also work:

- Holidays
- Short Shifts
- Live-in

Languages:
- Best Lang: English
- Eng. Fluency: Fluent

Otr. Lang:

Smokes: No
Will work in home with smokers

Driving:

Will drive consumer’s car;

Will drive own car for consumer
Has Valid Driver's License

Provider Notes: DRIVES A TRUCK AS PERSONAL AND WORK TRANSPORTATION
**BEFORE** YOU START WORKING,
CALL THE APS OFFICE
CORRESPONDING TO THE
CONSUMER’S ADDRESS FOR AN
APPOINTMENT TO GO AND SIGN THIS
FORM (W-4) SO YOU CAN GET PAID.
ALSO, ASK THE CONSUMER TO DO
THE SAME TO LET THEM KNOW
YOU’RE GOING TO START WORKING
FOR HIM/HER

WE RECOMMEND SIGNING ALL
PAPER WORK **BEFORE** YOU START
WORKING.
Form W-4 (2008)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 503, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds $900 and includes more than $300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter “1” for yourself if no one else can claim you as a dependent.  
- You are single and have only one job; or  
- You have at least $1,500 of child or dependent care expenses for which you plan to claim a credit.

B Enter “1” if: 
- You are married, have only one job, and your spouse does not work; or  
- You wages from a second job or your spouse’s wages (or the total of both) are $1,500 or less.

C Enter “1” for your spouse. But, you may choose to enter “0-” if you are married and have either a working spouse or more than one job. (Entering “0-” may help you avoid having too little tax withheld.)

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

E Enter “1” if you will file as head of household on your tax return (see conditions under Head of household above).

F Enter “1” if you have at least $1,500 of child or dependent care expenses for which you plan to claim a credit.

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child and Dependent Care Expenses, for more information.
- If your total income will be less than $58,000 ($86,000 if married), enter “2” for each eligible child.
- If your total income will be between $58,000 and $84,000 ($86,000 and $119,000 if married), enter “1” for each eligible child.
- If you have more than one job or are married and you and your spouse both work, and the combined earnings from all jobs exceed $49,000 ($25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Employee’s Withholding Allowance Certificate

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Type or print your first name and middle initial.  
2 Last name  
3 Single  
4 Married  
5 Married, but withholding at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the “Single” box.

Home address (number and street or rural route)

City or town, state, and ZIP code

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)  
6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption.
- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and  
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write “Exempt” here.

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee’s signature  
Date

9 Office code (optional)  
10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.
Deductions and Adjustments Worksheet

Note. Use this worksheet only if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

1. Enter an estimate of your 2008 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2008, you may have to reduce your itemized deductions if your income is over $159,950 ($79,975 if married filing separately). See Worksheet 2 in Pub. 919 for details.)

2. Enter:
   - $8,000 if head of household
   - $5,450 if single or married filing separately

3. Subtract line 2 from line 1. If zero or less, enter “-0-”

4. Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest

5. Add lines 3 and 4 and enter the total. (Include any amount for credits from Worksheet 8 in Pub. 919)

6. Enter an estimate of your 2008 nonwage income (such as dividends or interest)

7. Subtract line 6 from line 5. If zero or less, enter “-0-”

8. Divide the amount on line 7 by $3,500 and enter the result here. Drop any fraction

9. Enter the number from the Personal Allowances Worksheet, line H, page 1

10. Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1

Two-Earners/Multiple Jobs Worksheet (See Two earners or multiple jobs on page 1.)

Note. Use this worksheet only if the instructions under line H on page 1 direct you here.

1. Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are $75,000 or less, do not enter more than “3.”

3. If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet

4. Enter the number from line 2 of this worksheet

5. Enter the number from line 1 of this worksheet

6. Subtract line 5 from line 4

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed

9. Divide line 8 by the number of pay periods remaining in 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(d)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.
RIVERSIDE COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES
PROVIDER STATEMENT OF RESPONSIBILITIES

I. PROVIDER—EMPLOYEE DATA

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN # (Verification required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone #</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnic Origin</th>
<th>Primary Language</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relation to Recipient</th>
<th>Elective SDI</th>
<th>Are you a U.S. Citizen</th>
<th>If not, what is your alien status?</th>
<th>Alien registration # (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. CONDITIONS OF EMPLOYMENT

<table>
<thead>
<tr>
<th>Starting Date</th>
<th>Rate of Pay (per hour)</th>
<th>Share of Cost to be paid directly to the provider by the recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

III. SPECIFIC TASKS TO BE DONE BY THE PROVIDER

DOMESTIC SERVICES

- Housekeeping
- Prepare meals (indicate meals prepared)
- Meal Clean-Up, Menus
- Routine Laundry, Mending
- Shopping for Food
- Other Shopping/Errands
- Transportation Services/Hours per week
- Medical
- Alternative Resources
- Other Tasks (specify)

PERSONAL CARE SERVICES

- Respiration Assistance
- Bowel, Bladder Care
- Feeding
- Routine Bed Baths
- Dressing
- Ambulation
- Menstrual Care
- Moving in/out of bed
- Bathing/Grooming
- Repositioning, etc.
- Prosthesis Assistance

STATEMENT OF AGREEMENT

- The Recipient/Employer understands and agrees:
  1. To hire the provider/employee to perform the services authorized in Section III above. The recipient is responsible for paying the provider the Share of Cost amount, if any, specified in Section II.
  2. That a Provider—Employee residing outside the recipient's home, shall not work more than 8 hours on any one day and more than 40 hours in any week. An additional Provider will be required if recipient's authorized hours exceed 40 hours per week.
  3. To inform the Provider/Employees if he/she suffers from any known communicable disease.

- The Provider/Employee agrees:

  (☐) check required days: ☐ A.M. ☐ P.M. ☐ Either A.M. or P.M. (Place a ☐ check mark in appropriate time).
  2. To keep information about the Recipient and the Recipient's household confidential.
  3. To inform their Welfare Worker of any earnings he/she receives as a provider.
  4. The Provider understands he/she is an employee of the recipient and Not an employee of RIVERSIDE COUNTY or THE STATE OF CALIFORNIA. The provider understands that the STATE OF CALIFORNIA issues the paycheck on behalf of the recipient for services authorized and completed.

The above terms have been read, understood and agreed to by the undersigned.

Recipient of Authorized Representative Signature | Date | Provider/Employee Signature | Date
---|---|---|---

DPSS 305B (Rev. 10/97) PROVIDER STATEMENT OF RESPONSIBILITIES

SSH Section 30-759

File: UR
Each timesheet returned must be CLEAN and legible. Unclean and illegible timesheets will be returned to the Provider and a delay of payment will occur.

Each timesheet must have both, the Provider and Consumer’s, signatures. Any timesheet sent in without both signatures will be sent back and a delay of payment will occur. Timesheets are legal documents. Falsifying any information on any timesheet is a crime punishable by law.

<table>
<thead>
<tr>
<th>TIMESHEET EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHSS Timesheet</td>
</tr>
<tr>
<td><strong>Recipient Number 04-001234</strong></td>
</tr>
<tr>
<td><strong>CONSUMER</strong></td>
</tr>
<tr>
<td>1 ANY STREET</td>
</tr>
<tr>
<td>SOMEWHERE, CA 12345</td>
</tr>
<tr>
<td>Address Change</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Write new Address on reverse side</td>
</tr>
<tr>
<td>3 JANUARY 2008 EMPLOYER REMAINING SERVICE HOURS ARE 9.5</td>
</tr>
<tr>
<td>4 Day of Month</td>
</tr>
<tr>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</td>
</tr>
<tr>
<td>5 Hours Worked</td>
</tr>
<tr>
<td>X 3.0 X X X X 3.1 X X 3.4 X X X X X</td>
</tr>
<tr>
<td>Fill in hours for each day worked and place total here</td>
</tr>
<tr>
<td>7 Share of Cost Liability $0.00</td>
</tr>
<tr>
<td>“Do not sign unless you have read and understand instructions above.”</td>
</tr>
<tr>
<td>After work has been completed, sign, date and mail to this address:</td>
</tr>
<tr>
<td>Una vez que se haya completado el trabajo, firmela y enviela a esta dirección:</td>
</tr>
<tr>
<td>This is to certify that the information contained in this form is true, accurate and complete, and that the Provider and Recipient have read, understand and agree to be bound by and comply with the statements, affirmations and conditions contained on the back of this form.</td>
</tr>
<tr>
<td>Certifico que la información contenida en esta forma es verdadera, correcta y completa, y que el Proveedor y la persona que recibe los beneficios han leído, entendido y están de acuerdo a someterse y a cumplir con las declaraciones, afirmaciones y condiciones contenidas al dorso de esta forma.</td>
</tr>
</tbody>
</table>
Timesheet Explanation

Space number 1 is for the Consumer/Recipient’s name, current address and IHSS case number.

Space number 2 is for the Provider’s name, current address and Provider number (which is the last six (6) digits of their Social Security Number). If address is new, check the box and put the new address on the reverse side of the timesheet.

Space number 3 shows the dated of the pay period and the total number of hours available for the month. Note: the timesheet for the 1st to the 15th shows the total number of hours the Consumer is authorized to receive for the entire month.

Space number 4 shows the dates worked.

Space number 5 shows the actual number of hours worked per each shift.

Space number 6 shows total hours worked for one pay period.

Space number 7 is the share of cost for the Consumer/Recipient. If the Consumer has a share of cost, the Consumer is responsible for paying that amount directly to the Provider.

Space number 8 is where the Consumer/Recipient must sign to verify the timesheet.

Space number 9 is where the Provider must sign to verify the timesheet.

When the Provider’s shift does not end on the hour, refer to the following chart to convert minutes into decimal points. For example, the shift ended after six (6) hours and fifteen (15) minutes. The time entered on the timesheet should be 6.3

<table>
<thead>
<tr>
<th>Minutes</th>
<th>Decimal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-6</td>
<td>.1</td>
</tr>
<tr>
<td>7-12</td>
<td>.2</td>
</tr>
<tr>
<td>13-18</td>
<td>.3</td>
</tr>
<tr>
<td>19-24</td>
<td>.4</td>
</tr>
<tr>
<td>25-30</td>
<td>.5</td>
</tr>
<tr>
<td>31-36</td>
<td>.6</td>
</tr>
<tr>
<td>37-42</td>
<td>.7</td>
</tr>
<tr>
<td>43-48</td>
<td>.8</td>
</tr>
<tr>
<td>49-54</td>
<td>.9</td>
</tr>
<tr>
<td>55-60</td>
<td>1.0</td>
</tr>
</tbody>
</table>
Tips for Being a Successful In-Home Provider

- Return all telephone calls when registry staff or Consumers leave you a message, even if you are not available to take the job. Not returning a call may show that you have no interest in working anymore.

- If you have an answering machine, make sure your message is spoken slowly and clearly, so that people calling you can understand your message. Some callers may be looking to hire you as a Provider, so messages should be courteous and polite.

- Show up on time for interview appointments and work assignments. If you must be late or cancel, call the Consumer as soon as possible so that substitute care can be arranged.

- Never bring your children, family members, friends, or other persons to interview appointments or work assignments.* This is extremely unprofessional, and you could lose your job as a result! (*Unless you have made special arrangements with the Consumer.)

- Some Consumers may be hard to work for. If you feel you must give up a job, try to give the Consumer at least two weeks' notice so they can find another Provider.

- You may be working for a person whose memory is not as good as yours. Be patient with them.

- Remember that you are there to assist the Consumer, not to “baby-sit” and/or make any decisions for him or her.
If a Consumer asks you not to move their things when cleaning, try to work around them, or lift them up and set them back in the same spot. It can be confusing for them if their things have been moved.

The IHSS Public Authority will not pay you if you work more hours than the IHSS Social worker has approved, even if the Consumer asks you to work additional hours.

Be certain that all forms are signed and turned in to the IHSS Social Worker to make sure you will be paid.

The Consumer is your employer, and they have the right to hire, train, supervise, and terminate your employment. If you are terminated, you may call the Public Authority Provider Registry at 1-888-470-4477 to report your availability for other Consumers.

The Consumer must be present for you to work in their home because payment cannot be made when the Consumer is not present.

If the Consumer is in the hospital, you are not allowed to work for them at the hospital. Medi-Cal funding pays for the hospital care instead of in-home care while the Consumer is hospitalized.

If you work for a portion of a pay period, but the Consumer is no longer available to sign your timesheet at the end of that pay period, you must contact the IHSS Social Worker for assistance.

Any changes of address of phone number should be reported to the IHSS Social Worker and the Public Authority Payroll Department so that your check will be mailed to the correct address.