Instructions for the
Downloadable In Home Supportive Services (IHSS) Referral

Step1.Click on the Link to Download the Referral.

Step 2. Staff Name, Please Leave Blank, Date, Please Leave Blank.
Please Complete Section 1: Name, DOB, SSN, Sex, Address, City, Home Phone. Client's Primary Language.
Referral Source is individual assisting with this referral, Relationship = relationship to applicant and rereferral's phone number.

Step 3. Fill in Section 2: Current Services/ Benefits check the boxes that apply. If the Client has applied for or receives SSA, Pension, please check those applicable boxes. In addition, $ amount of income should be included.

Step 4. Fill in Section 3: Needs Assessment, please check all that applies.

Step 5. Complete information about household, caregiver name and phone number, Physician Name and Phone number.

Step 6. Complete the health summary diagnosis, you may use multiple lines. Include medical diagnosis of the client, include any recent hospitalizations.

Step 7. Check the IHSS box in the Referral Section

Step 8. You may **PRINT OUT** the **FORM and FAX** it in by clicking the **Print Form Box**.

Please Fax Completed Forms to 209 932-2663

If you have any questions call Information and Assistance At 209 468-1104