

# IHSS CONSUMER AND PROVIDER JOB AGREEMENT

1. This job agreement is between:

\_\_\_\_\_  
Employer (Print consumer name) and \_\_\_\_\_  
Employee (Print provider name)

2. The consumer and provider agree to the following general principles.

The consumer agrees to:

- Assign and direct the work of the provider
- Give the provider advance notice, whenever possible, when hours or duties change
- Only ask the provider to do work for the consumer
- Sign the provider's time sheet if it reflects the hours that were worked

The provider agrees to:

- Perform the agreed-upon tasks and duties (see duties and responsibilities below)
- Call the consumer as soon as possible if they are late, sick or unable to work
- Come to work on time (see hours of work below)
- Not make personal or long distance phone calls while at work
- Not ask to borrow money or ask for a cash advance
- Give the consumer two weeks notice, whenever possible, before leaving the job

3. The provider will be paid at the rate set by the county for IHSS providers.

4. The total number of hours per week for this job are \_\_\_\_\_.

5. The hours of work for this job are shown below. Changes in the scheduled days and hours are to be negotiated by both parties, with advance notice.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Start							
End							

6. Will consumer pay provider for gas used to drive to shopping or medical appointments?

- No  
 Yes

7. Does consumer have a Share-of-Cost?

- No  
 Yes

If yes, indicate maximum amount: \_\_\_\_\_

8. The duties and responsibilities for this job are shown below. The consumer should mark the tasks they need the provider to do and show how often the task needs to be done (D=Daily, W=Weekly, M=Monthly, O=Other). If a task needs to be done on a different schedule, the consumer should write this in next to the task.

**D=Daily**

**W=Weekly**

**M=Monthly**

**O-Other**



## Meals

- \_\_\_ Prepare meals
- \_\_\_ Meal cleanup
- \_\_\_ Wash dishes
- \_\_\_ Help with eating



## Cleaning and Laundry

- \_\_\_ Empty trash
- \_\_\_ Wipe counter
- \_\_\_ Clean sinks
- \_\_\_ Clean stove top
- \_\_\_ Clean oven
- \_\_\_ Clean refrigerator
- \_\_\_ Vacuum/sweep
- \_\_\_ Dust
- \_\_\_ Mop kitchen & bathroom floors
- \_\_\_ Clean bathroom
- \_\_\_ Make bed
- \_\_\_ Change bed linen
- \_\_\_ Routine laundry (wash, dry, fold and put away laundry)
- \_\_\_ Heavy house cleaning (one-time only with approval from IHSS)



## Shopping

- \_\_\_ Grocery shopping
- \_\_\_ Other shopping errands



## Non-Medical Personal Services

- \_\_\_ Dressing
- \_\_\_ Grooming and oral hygiene
- \_\_\_ Bathing
- \_\_\_ Bed baths
- \_\_\_ Bowel and bladder care
- \_\_\_ Menstrual care
- \_\_\_ Help with walking
- \_\_\_ Move in and out of bed
- \_\_\_ Help on/off seat or in/out of vehicle
- \_\_\_ Repositioning
- \_\_\_ Rub skin
- \_\_\_ Care/assistance with prosthesis
- \_\_\_ Respiration assistance
- \_\_\_ Other personal services:



## Paramedical Services

- \_\_\_ Administration of medication
- \_\_\_ Blood sugar checks
- \_\_\_ Injections
- \_\_\_ Other paramedical services:



## Transportation Services

- \_\_\_ Escorting to medical appointments
- \_\_\_ Escorting to alternative resources

The consumer and provider, by signing this document, agree to the terms outlined above. If the agreement changes, both parties will initial and date the changes.

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Consumer Signature

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Date

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Provider Signature

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Phone Number

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Date