

EXPECTATIONS AGREEMENT

The relationship between an employer and his/her Independent Provider (IP) is frequently very personal. It requires mutual respect. The employer relies on the IP's honesty, reliability, and punctuality to accomplish daily activities. The IP relies on the same qualities from the employer. If you receive services through IHSS, a contract between you and your IP may not be legally binding, but it does define expectations. This is for your use only. Do NOT mail to In-Home Supportive Services.

AGREEMENT BETWEEN:

Print Employer's Name (Consumer)

Print Independent Provider's Name (IP)

The consumer and IP agree to the following general principles.

1. The consumer agrees to:

- ____ Assign and direct the work of IP
- ____ Follow IHSS rules and regulations regarding authorized tasks and hours
- ____ Give IP advance notice, if possible, when work hours or duties change
- ____ Only ask the IP to work authorized hours and tasks per month for the consumer
- ____ Will not ask that unreasonable tasks be done or set unreasonably high standards
- ____ Sign the IP's timesheet if it reflects the hours that were worked
- ____ Provide needed supplies for IP to complete authorized tasks (ex: vacuum, mop, etc.)
- ____ Maintain confidentiality (not disclosing IP's personal information to others)

2. The IP agrees to:

- ____ Perform the agreed-upon tasks and duties
- ____ Give consumer advance notice, if possible, when late, sick, or unable to work
- ____ Come to work on time
- ____ Not make or answer any phone calls while at work
- ____ Not ask consumer for extra money or borrow money
- ____ Give consumer a two-week notice, whenever possible, before leaving the job
- ____ Be responsible of his/her own record-keeping of work schedule and timesheets
- ____ Maintain confidentiality (not disclosing consumer's personal information to others)

3. The IP will be paid twice monthly (according to the IHSS schedule) directly by the State of California, provided timesheets are turned in regularly. The IP is responsible for turning his/her timesheet in a timely fashion. **Any payroll issues must be directed to IHSS at (408) 792-1600.**

4. The provider will be paid directly by the State of California. Rate:_____

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.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Start							
End							

6. The total number of hours per week for this job are_____.

The total number of hours authorized per month are_____.

7. Does the consumer have a Share-of-Cost? YES NO

8. The duties and responsibilities for this job are shown below. The consumer should mark the tasks needed for IP to do, as authorized by IHSS, 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 below.

Domestic Services

- Empty trash
- Wipe counter
- Clean sinks
- Clean stove top
- Clean oven
- Clean refrigerator
- Vacuum/sweep
- Dust
- Mop floors
- Clean bathroom
- Make bed
- Change bed linen

Meals

- Prepare meals
- Meal cleanup
- Feeding

Laundry (about once/week)

- Routine laundry (wash, dry, fold and put laundry away)

Shopping (about once/week, IP should go alone)

- Grocery shopping (once/week)
- Other errands (pick up medication and bank, 30 minutes/week)

Transportation Services

- Escorting to medical appointments _____ per week / month.
- Escorting to alternative resources _____ per week / month.

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
- Medication reminder
- Other personal services:_____

Paramedical Services (training required from a healthcare professional)

- Set up Medication Set
- Administer medication
- Blood sugar checks
- Injections (insulin)
- Other paramedical services:_____

The consumer and IP, by signing this document, agree to the terms outlined above. If there are any changes, both parties will initial and date the changes.

Employer's Signature (Consumer)

Independent Provider's Signature (IP)

Date Phone Number

Date Phone Number