

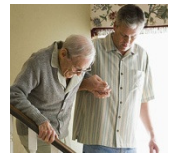
IHSS Referral Checklist

Client needs to have:

Medi-Cal (or have applied)



Disabling condition lasting 12 months or more or in Hospice care



Physically or mentally impaired



San Mateo County resident



Living in their home
(house, apartment, hotel,
home of another, shelter)



www.smchealth.org/ihss