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