

2 Take Action



Check with your client DAILY

to see if they have received a notice in the mail from the state about the 20% hours cut.

The envelope will include a:

- ▶ “Notice to Recipient of Reduction in Authorized Hours”
- ▶ “Application for Supplemental Care”
- ▶ “Notice of Action” detailing how much a client’s hours will be cut

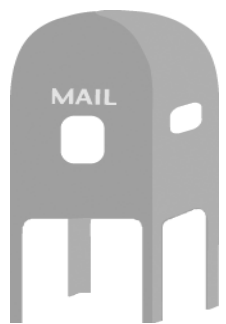
STARTING
DEC. 15

Help your client:

FILL OUT the “supplemental care” application as soon as they receive it.



MAIL it by Jan. 3, 2012. If the application is mailed by Jan. 3, 2012, clients **keep their full hours** until the county decides to restore or reduce their hours.



3 Fight Back

YES! I want to *strengthen* our political voice to win a *better future* for home care

I hereby authorize SEIU-UHW to file a payroll deduction of \$7/month. This authorization is voluntarily made on my specific understanding that: I am not required to sign this form or make CDFR contributions as a condition of my employment by my employer or membership in the union. I may refuse to contribute without any reprisal. Only union members and nonunion administrative staff who are not in contract with their employer or who are not in contract with their employer may sign this form. The amounts on this form are used to support SEIU-UHW and its various political activities, including but not limited to addressing political issues of public importance and contributing to and spending money in connection with federal, state and local elections. Contributions to SEIU-UHW are not tax deductible for federal income tax purposes.

SIGNATURE (only valid if signed) DATE

First Name Last Name

Home Address

City State Zip Code County

Home Phone Cell Phone

E-mail

SEIU-UHW
United Healthcare Workers West

In 2012 we will be fighting to change the law so that clients can get the care they need to stay at home and providers can get the training, pay, and benefits they deserve.

All decisions about home care are made by elected officials. We need to elect politicians who will stand up for home care.

Giving \$7 a month to the SEIU-UHW Political Fund will give us the power to make home care strong for the future.

Sign up today!

Step-by-Step GUIDE To Stop Cuts to Hours

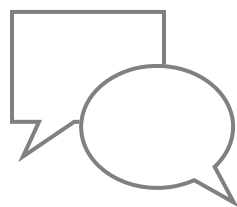
1 Get Prepared

2 Take Action

3 Fight Back

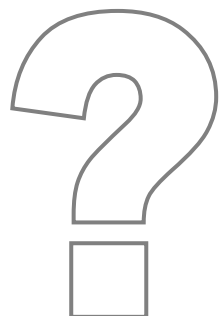
SEIU-UHW
United Healthcare Workers West

1 Get Prepared



Talk to your client about the 20% hours cut and get them ready to apply for “supplemental care” to maintain their hours.

Home care clients must show that the possible 20% hours cut will put them **at risk of being forced out of their homes**. All clients should apply for supplemental care to get their hours back.



Answer these questions to be able to describe the risk:

What kind of help does your client need to remain safely at home – moving around, bathing, dressing, eating, housework, help at medical visits or with medication?

Does your client have a doctor’s order for special services or care – like monitoring a medical condition such as diabetes or giving injections?

Does your client have serious mental challenges – problems remembering things, people, or places or judgment problems about staying safe at home?

Sample reasons (by client or provider):

PROVIDER: “My home care client cannot feed herself; without help, she would refuse to eat, become malnourished and need to be placed in an institution.”

CLIENT: “I require a lot of help moving from one position to another, and if I don’t receive it, I could get bed sores and end up in the hospital.”

CLIENT: “My doctor has ordered regular help for monitoring my diabetes, and if I don’t get it, I could have serious medical problems and need to be institutionalized.”



Write the reason your client needs supplemental care:

SAMPLE COMPLETED APPLICATION FOR SUPPLEMENTAL CARE

STATE OF CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM APPLICATION FOR SUPPLEMENTAL CARE

There is a new state law (Welfare and Institutions Code section 12301.07) that requires a 20-percent reduction in each IHSS recipient's authorized monthly service hours. Beginning January 1, 2012, your authorized monthly service hours will be reduced by 20-percent.

If you believe that the reduction in your authorized service hours puts you at serious risk of out-of-home placement, you can ask for IHSS Supplemental Care by completing this application and returning it to the county IHSS office. The county will review your application and determine whether you are at serious risk of out-of-home placement.

If you ask for IHSS Supplemental Care within 15 days of receiving notice of the reduction, or you mail it to the county and it is postmarked later than January 3, 2012, the reduction in your service hours will not go into effect until the county determines if you are at serious risk of out-of-home placement. If the county determines that you are at serious risk of out-of-home placement, your service hours may be restored in full or they may be reduced less than 20-percent.

If you do not ask for IHSS Supplemental Care within 15 days of receiving notice of the reduction, or mail it to the county with a postmarked date of January 4, 2012 thereafter, the reduction in your service hours will go into effect but you can still request IHSS Supplemental Care until February 1, 2012. If the county determines that you are at serious risk of out-of-home placement, your service hours may be restored in full or fully restored.

To apply for IHSS Supplemental Care, complete this application and return it to the following address:

RECIPIENT INFORMATION

Name: John Q. Smith	IHSS Case #: 12345678
Street Address: 1234 Some Street, Apt. 1A	
City: San Francisco	ZIP Code: 94103
Phone Number: (415) 456 - 1234	Date of Birth: 03/01/1934
IHSS Worker Name: Mary Martinez	IHSS Worker Phone #: (415) 657 - 3456
Signature: <i>John Q. Smith</i>	Date: 12/21/2011

If someone else is making this request on behalf of the recipient, provide the following information:

Name: Mary Martinez	Relationship to Recipient: IHSS worker
----------------------------	---

Explain how the 20-percent reduction in your authorized service hours would put you at serious risk of placement in out-of-home placement (if you need more space, attach another page):

My doctor has ordered regular help for monitoring my diabetes, and if I don't get it, I could have serious medical problems and need to be institutionalized.