SSA Intranet

ORANGE COUNTY SOCIAL SERVICES AGENCY
ADULT SERVICES
POLICY AND PROCEDURE MANUAL

Program:	**Adult Services Division**	**Number:**	**SH 40.3.6**
Subject:	**Voluntary Provider**	**Date:**	**12/01/06**
Approved:	Signature On File	**Replaces:**	**New Procedure**
Reformatted:	**MM-DD-YY**		

I. PURPOSE

To provide instructions for assessing needs when the In-Home Supportive Services (IHSS) Recipient has a Voluntary Provider.

II. POLICY

Social workers shall explore with the IHSS client the willingness of relatives, housemates, friends, or other appropriate individuals to provide voluntary (i.e. without pay) some or all of the services required by the client. If an individual agrees to provide service voluntarily, special documentation is required.

III. PROCEDURE

A. Assessing Need

Total need must be assessed for the client without regard to whether a Voluntary Provider exists. Following assessment of need the social worker shall:

1. Obtain signed Authorization for Release of Information form F063-23-98 (hard copy in supply room), from the client or their Authorized Representative.
2. The Voluntary Services Certification form, SOC 450, must be completed and signed by the individual who agrees to provide voluntary services. If the individual refuses to sign the SOC 450, note their refusal on the form and document in the case narrative.

B. Documentation

The social worker shall:

1. Use the case narrative to document information related to the Voluntary Provider provisions.
2. Enter the number of hours for which voluntary services are being provided on the Alternative Resources Worksheet. The phrase “Voluntary Provider” shall be shown in the comments, on the appropriate line(s), of the Alternative Resources Worksheet and the IHSS Assessment Worksheet.
3. Enter the data onto the SOC 293, and subsequently into CMIPS, which will automatically generate the appropriate Notice of Action (NOA).

IV. REFERENCES

MPP 30-763.62
MPP 30-757.176

OCSSA

V. LINKS TO FORMS & RESOURCES

Authorization for Release of Information F063-23-99 (hard copy in supply room)
Voluntary Services Certification form, SOC 450

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