Start with the notice

IHSS protective supervision denied, reduced or removed? Use this sheet to organize your next steps. Keep the completed pages private.

1 Identify the decision

What does this notice say? Check what applies.

- ☐ First-time request denied
- ☐ Existing service reduced
- ☐ Existing service ended or removed
- ☐ I need help understanding it

County named on the notice

Date county mailed / gave notice

2 Keep the dates separate

Date printed on the notice

Date I received it

Change effective date (if shown)

Hearing deadline stated on notice

If dates are unclear, have passed, or no notice arrived, contact State Hearings promptly. A legal adviser can help with case-specific questions.

3 Write down the reason and the question

County's stated reason(s) - use the notice's wording

Date or instruction I need to clarify

Check hearing instructions now; do not wait for a completed folder or callback. For changed existing services, ask about "aid paid pending." This worksheet or contacting ASF does not file a hearing request.

Build your working folder

Keep copies together. Use existing records and accurate observations; this checklist does not mean every item is required in your case.

4 Copies to find or request, when relevant

- ☐ The complete notice, including its back, and the envelope if available.
- ☐ Prior and current notices or county assessments showing what changed.
- ☐ Protective-supervision forms already used, including SOC 821 if relevant.
- ☐ Relevant current health records describing functional needs.
- ☐ Actual dated safety observations or care notes - no invented examples.
- ☐ Copies of requests, documents sent and any delivery confirmations.

5 Contact and confirmation log

Use this for the county, State Hearings, a legal adviser or ASF. Record what was requested and what actually happened.

Date	Office / person	Request or answer	Next step / date

Hearing confirmation: date / reference / follow-up

Aid paid pending: confirmed status / date / follow-up

Keep actual confirmations. A sent request or callback request does not confirm a hearing or continued services.

Choose the next step

Bring your questions to the right office. Use official instructions for filing; ASF can help with free California IHSS navigation by phone or form.

6 Questions to ask

- ☐ What exactly was denied or changed, and why?
- ☐ What hearing deadline applies? If existing services changed, what must I do to request aid paid pending?
- ☐ How can I obtain the county records relevant to this decision?
- ☐ How do I confirm a request was received and ask for language help?

My next action

Who I will contact

Date / follow-up

7 Verified routes to help

CDSS State Hearings: 800-743-8525

cdss.ca.gov/hearing-requests

Official online, phone and written hearing-request instructions. Ask about dates and language assistance.

Disability Rights California: IHSS Fair Hearings Guide

disabilityrightsca.org - search "IHSS Fair Hearings Guide"

Use the current guide and its contact links for legal-help options.

Free California IHSS navigation with ASF: 818-581-4101

allseniors.org/services/help-with-ihss/

A form or callback is a request awaiting confirmation.

ASF navigation is not a hearing filing or legal representation.