

Protective supervision preparation

ASF preparation worksheet | Checklist | 1 of 4

Use this packet to prepare for a county IHSS conversation or assessment. The county determines eligibility and authorized services. A diagnosis alone does not establish eligibility. This ASF worksheet is not a government form.

Appointment date / time

County office or worker

Appointment location or contact route

Documents and notes to gather

- ☐ Current county notices and forms you already received
- ☐ Clinician appointment details and SOC 821, if requested
- ☐ Factual safety observations and near misses (page 2)
- ☐ Actual day/night supports and coverage gaps (page 3)
- ☐ Questions and county contact notes (page 4)
- ☐ Copies of documents you choose to submit

Medical assessment

SOC 821 asks a physician or other appropriate medical professional to assess memory, orientation and judgment. Bring accurate observations and ask about the official form. This worksheet does not replace that assessment.

[Official SOC 821: cdss.ca.gov/cdssweb/entres/forms/English/SOC821.PDF](https://cdss.ca.gov/cdssweb/entres/forms/English/SOC821.PDF)

Questions to bring

Keep with your family. Share only through an authorized county or clinician channel.

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Safety-observation event cards

ASF preparation worksheet | Make copies as useful | 2 of 4

Describe what you actually observed, including near misses. An actual injury is not required for eligibility; the county reviews the full facts. Use more copies as useful. This worksheet sets no required number of logging days.

Observation 1

Date / time

Observed by

What happened? Describe the behavior and setting.

What made the situation unsafe?

What did someone do to help?

Outcome / near miss:

Observation 2

Date / time

Observed by

What happened? Describe the behavior and setting.

What made the situation unsafe?

What did someone do to help?

Outcome / near miss:

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Day / night supervision coverage

ASF preparation worksheet | Actual supports and gaps | 3 of 4

List the supports that are actually available and mark any gaps. SOC 825 is an optional county-use form for discussing a coverage plan. Coverage may combine IHSS and other resources. A need for supervision does not mean 24 paid IHSS hours.

Date or typical days described:

Time block	Person, program or support	Actual hours or pattern	Gaps / unmet needs
Morning			
Afternoon			
Evening			
Overnight			

Official SOC 825: cdss.ca.gov/cdssweb/entres/forms/English/soc825.pdf

Backup plan

Known changes / questions for the county

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County request & contact tracker

ASF preparation worksheet | Requests and next steps | 4 of 4

Use your county's official contact route. Record requests, documents sent and next steps. A request for an assessment or callback does not confirm services or an appointment.

County office / contact route:

Date / channel	Contact / role	Request or document	Next step / date

Optional short request letter

To my county IHSS office: I would like the county to assess whether protective supervision is appropriate. Please tell me which documents or forms you need, how to submit them and the next step.

Name

Date

Case number, if available:

[Find your county: cdss.ca.gov/inforesources/county-ihss-offices](https://cdss.ca.gov/inforesources/county-ihss-offices)

[Official adult guidance: CDSS PUB 521. Sources reviewed September 28, 2026.](#)

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