CS Personal Care and Homemaker Services
All Counties

Personal Care and Homemaker Services Community Supports (CS) supports members who need assistance with Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs).
Send the completed referral via secure fax to: (800) 811-4804.

Eligibility Criteria:	
Molina Enrollment: ☐ Medi-Cal with Molina	
Member must meet one of the two (2): ☐ Member needs assistance with ADLs and/or IADL tasks and has no other adequate support system. **OR** ☐ Member is at risk for hospitalization or institutionalization in a nursing facility.	**AND meet one of the three (3) following criteria:** ☐ Member was referred for IHSS and searching for a caregiver through the Public Authority registry. ☐ IHSS Referral Date: **OR** ☐ Member currently receives IHSS and needs additional IHSS hours. The reassessment request is pending, and a caregiver is needed for support in the meantime. Reassessment Request Date: IHSS Hours Per Month: **OR** ☐ Member is not eligible for IHSS and needs services to help avoid a short-term stay in a skilled nursing facility (not to exceed 60 days). • Provide the IHSS Notice of Action indicating a denial if available.
☐ Member consented to Personal Care and Homemaker Services referral.	
Requestor Information:	
Referrer: ☐ Hospital/SNF ☐ PCP/Clinic ☐ IPA ☐ ECM ☐ Molina CM ☐ Other:	
Referrer Organization Name:	
Referrer Name:	Title:
Referrer Phone Number:	Fax Number:
Member Information:	
Member Name:	DOB:
Medi-Cal ID:	Preferred Language:
Home Address:	
Cell Phone Number:	
Scheduling Contact Name (if different from above):	
Relationship:	Phone #:
Preference for Caregiver Support: ☐ Morning ☐ Afternoon ☐ No Preference	
What are the member's physical limitations:	
Medical conditions:	
What does member need assistance with (bathing, cooking, etc):	
Does member have an additional assistance from family or friends:	
Does member live alone:	
Does member have pets in the home:	
Other Needs/Requests (i.e., hoyer lift, male caregiver):	
Special Instructions to Enter Residence:	