



State of California – Health and Human Services Agency  
**IN-HOME SUPPORTIVE SERVICES (IHSS)**  
**PROTECTIVE SUPERVISION**  
**24-HOURS-A-DAY COVERAGE PLAN (SOC 825)**

### INSTRUCTIONS

The IHSS Protective Supervision 24-Hours-A-Day Coverage Plan (SOC 825) is an optional form for County use. The SOC 825 is intended to ensure that recipients who need Protective Supervision have the 24-hours of care needed for their health and safety 24 hours a day. The recipient's social service worker and the IHSS care provider(s), whether a family member, friend, or no relation at all, should discuss together a plan or schedule of 24 hours a day of coverage for the recipient.

**NAME OF IHSS RECIPIENT:** Enter the full name of the IHSS recipient.

**RECIPIENT'S TELEPHONE NUMBER:** Enter the contact telephone number for the recipient.

**ADDRESS OF IHSS RECIPIENT:** Enter the recipient's home address where the majority of the 24-hours-a-day coverage will be performed.

**NAME OF PRIMARY CONTACT RESPONSIBLE:** Enter the name of the person with primary responsibility for coordinating the recipient's 24-Hours-A-Day Coverage Plan.

**PRIMARY CONTACT'S TELEPHONE NUMBER:** Enter the telephone number for the primary contact responsible.

**RELATIONSHIP TO RECIPIENT:** Enter the relationship of the primary contact to the recipient, (i.e., family member, IHSS care provider, friend, etc.).

**NAME OF CARE PROVIDER(S) (1), (2), (3), and CONTACT TELEPHONE NUMBER(S):** Enter the name(s) of each care provider responsible for the recipient's care during the 24 hours a day of coverage. Enter a contact telephone number for each care provider.

If more than three (3) care providers are responsible for this recipient, an additional sheet of paper can be attached with name(s) and contact telephone number(s).

**Describe the implementation of the Protective Supervision 24-Hours-A-Day Coverage Plan:**

Enter the planned schedule, or explanation of the plan in which the above provider(s) will ensure the recipient is cared for the entire 24-hour period. An additional sheet of paper can be attached if more space is needed to describe the 24-Hours-A-Day Coverage Plan.

**SIGNATURE OF PRIMARY CONTACT RESPONSIBLE and DATE:** Once the 24-Hours-A-Day Coverage Plan is developed, the primary contact responsible will sign and date the form when the Plan is discussed with the social worker authorizing the need for Protective Supervision.

**SIGNATURE OF IHSS SOCIAL WORKER and CONTACT TELEPHONE NUMBER:** When the 24-Hours-A-Day Coverage Plan is discussed and signed and dated by the primary contact, the county social service worker will sign the form and add their contact telephone number.

A copy of the form is to be provided to the primary contact and retained in the County case file.