



CAREGIVER REGISTRY APPLICATION & INSTRUCTIONS

Are you looking for meaningful work helping others in your community? The Public Authority Caregiver Registry is a program that brings together people who need care in their own homes with those who want to provide that care.

Once you are an approved IHSS provider, you may apply to be a Registry provider. If you meet registry requirements, your name will be put on a list of eligible providers. If a client contacts the Registry in search of a provider, the Public Authority will provide the client a list of eligible registry providers who are available for more IHSS hours.

The IHSS recipients are responsible for hiring, supervising, and terminating the provider they choose. The Caregiver Registry does not guarantee employment.

REGISTRY APPLICATION INSTRUCTIONS

1. Complete Application

- Print application or call (805) 474-2055 to request a copy by mail.

2. Submit Application

- By Mail – 1086 E. Grand Avenue, Arroyo Grande, CA 93420, Attn: PA Supervisor
- By Fax – (805) 474-2012, Attn: PA Supervisor
- In Person – 1086 E. Grand Avenue, Arroyo Grande, CA 93420, Attn: PA Supervisor

3. Upon receipt, Public Authority staff will:

- Review application for completeness
- Verify Registry applicant is an approved IHSS Provider
- Confirm applicant has completed & signed Confidentiality Statement & Registry Agreement
- Review Provider reference letters
- Verify Department of Justice Background Check
- Approve or deny applicant for Caregiver Registry

If accepted onto the registry, the Caregiver Registry will provide your contact information to recipients, or their Authorized Representatives, who need a provider.

NOTE: If you are already enrolled as an IHSS provider and you have an IHSS client who would like to hire you, you DO NOT need to apply to the Registry. Instead, please have your client contact the IHSS Payroll Department at (805) 461-6110 or (805) 474-2103.



CAREGIVER REGISTRY APPLICATION FORM

PLEASE PRINT WITH INK OR TYPE

Section I. GENERAL INFORMATION

Last Name:	First Name:	Middle Initial:
Social Security #:		Gender:
Contact Phone:		Alternate Phone:
Residence Address:		
City:	State:	ZIP:
Mailing Address: <small>(If different from above)</small>		
City:	State:	ZIP:

What languages do you speak?		
Primary:	Secondary:	Other:

Section II. LOCATION AVAILABILITY – Please check all cities you are willing to provide services in.

Arroyo Grande	Atascadero	Avila Beach	Bradley	California Valley
Cambria	Cayucos	Creston	Grover Beach	Los Osos
Morro Bay	Nipomo	Oceano	Paso Robles	Pismo Beach
San Luis Obispo	San Miguel	San Simeon	Santa Margarita	Shandon
Shell Beach	Templeton			

Note: The provider and recipient are responsible for setting a workweek schedule when the recipient hires a provider.

Section III. CERTIFICATION AND SIGNATURE

- I understand that Public Authority staff will conduct a background check on me using publicly available resources including, but not limited to, Department of Justice (DOJ) background checks. I understand that prior or future criminal acts may preclude me from participation on the registry.
- I understand that Public Authority retains the exclusive right to list, refer, suspend, or remove an individual caregiver from the Registry.
- I understand that my employer is NOT the County of San Luis Obispo In-Home Supportive Services (IHSS), IHSS Public Authority, or the Caregiver Registry. The IHSS client is my employer. I further understand that an IHSS client-employer retains the exclusive right to hire, supervise, and terminate my employment with or without notice.
- If I am approved to be a provider on the Caregiver Registry, I agree to follow all guidelines of the program.

I, _____, certify under the penalty of perjury that all the information provided in this application and its related process is true and correct. I understand that any false information may eliminate me from eligibility from participation on the Registry.

Signature

Date