



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, a Social Worker will try to find the best potential match.

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) 474-2107 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
- Contact personal & professional references
- Verify Department of Justice Background Check
- Conduct an in-person interview with the applicant
- Check Megan's Law for sex offender status
- Determine whether applicant meets registry requirements

If accepted onto the registry, providers will be referred to IHSS clients whose specific needs and preferences match those of the 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. AVAILABILITY – Please check all days/times that you are available to provide care.

	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section III. EDUCATION & TRAINING

What is the highest level of education you have completed?				
<input type="checkbox"/> High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Bachelor's Degree	
Do you have any of the following certificates or degrees? Check all that apply.				
<input type="checkbox"/> First Aid	<input type="checkbox"/> CPR	<input type="checkbox"/> CHHA <small>(Certified Home Health Aide)</small>	<input type="checkbox"/> CNA <small>(Certified Nursing Assistant)</small>	<input type="checkbox"/> LVN <small>(Licensed Vocational Nurse)</small>
<input type="checkbox"/> Other:				

Section IV. EMPLOYMENT HISTORY

List past 5 years of employment history. If you have no history in the past 5 years, list your last 2 jobs.

Company:	From:	To:
Address:		Phone:
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:		

Company:	From:	To:
Address:		Phone:
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:		

Company:	From:	To:
Address:		Phone:
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:		

Company:	From:	To:
Address:		Phone:
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:		

The Caregiver Registry's policy is to check for previous employment with IHSS and review work performance records. Please answer the following questions.

Have you ever worked as an IHSS provider in the County of San Luis Obispo? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what dates?	Are you still working? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many IHSS hours are you currently working per month?	
How many <i>additional</i> IHSS hours would you like to work per month?	
Have you ever worked as an IHSS provider in another county? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what dates?	Reason for leaving:

Section V. REFERENCES

Professional – List two former employers or supervisors.

<u>Name</u>	<u>Company</u>	<u>Relationship</u>	<u>Years Known</u>	<u>Current Phone</u>

Personal – List two friends or acquaintances (non-relatives).

<u>Name</u>	<u>Relationship</u>	<u>Years Known</u>	<u>Current Phone</u>

Section VI. PREFERENCES

Clients and Services

Which of the following clients you are willing to work for? Please check all that apply.

- Children (under 18 years)
 Adults (18-64 years)
 Elderly (65+ years)
 Male Clients
 Female Clients
 Couples

Which of the following services are you willing to perform? Please check all that apply.

- Accompaniment to Appointments (*assist client to/from appointments. – NOT necessarily providing transportation*)
 Transfer Assistance (*move in/out of bed, on/off chairs, etc.*)
 Ambulation (*assist with walking/moving about*)
 Paramedical Services (*injections, wound care, etc.*)
 Feeding (*assist client with eating meals*)
 Prosthesis Care (*assist with glasses, hearing aid, prosthetic limb, etc.*)
 Heavy Cleaning (*thorough cleaning of home – one-time service*)
 Protective Supervision (*observe behavior of client with cognitive impairment*)
 Laundry (*wash, dry, fold and put away*)
 Respiration (*assist with self-administered breathing devices, oxygen, etc.*)
 Domestic Services (*basic house cleaning – sweep, mop, vacuum, dust, etc.*)
 Rubbing Skin/Repositioning (*give leg/foot massages, assist with range of motion exercises, etc.*)
 Meal Preparation and Clean Up (*prepare foods, cook, clean up after meals*)
 Shopping and Errands (*shop and run errands, with or without client*)
 Medication Assistance (*set up medications, remind client to take medications*)

Personal Care Tasks – Please indicate if you are willing to assist male and/or female clients.

- Bathing (*assist with washing, drying, sponge baths*)
 Grooming/Hygiene (*brush teeth, comb hair, shave, etc.*)
 male clients female clients
 male clients female clients
 Bowel and Bladder Care (*assist with using restroom, changing diapers, etc.*)
 Dressing (*put on/take off clothing, shoes, etc.*)
 male clients female clients
 male clients female clients
 Menstrual Care (*external application of pads*)

Section VII. 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 staff will search the California Department of Justice Sex Offender Database to determine if I am a registered sex offender. I understand that if I self-disclose that I am a registered sex offender or found to be a registered sex offender, I will be eliminated 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