



IHSS Caregiver Registry Reference Form

Dear Registry Reference,

Please complete the following information regarding _____ who is applying to be a caregiver with the Public Authority Registry.

- Please be sure that **all boxes** below are legible and filled out completely
- You must have known applicant for at least 6 months
- You cannot be related to applicant

Reference First and Last Name	
Address	
Phone Number	
Email Address	
How long have you known applicant?	
Your relationship to applicant?	
Best time to contact you with additional questions? (Mon-Fri 8 AM – 5 PM)	
Please write a few short sentences as to why you think applicant would be a good caregiver.	

Signature: _____ Date: _____

County of San Luis Obispo Department of Social Services

1086 Grand Avenue, Arroyo Grande, CA 93420 | P.O. BOX 8119, San Luis Obispo, CA 93403-8119
| (P) 805-474-2055 | (F) 805-474-2012 | slocounty.ca.gov/dss



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