



CAREGIVER REGISTRY APPLICATION & INSTRUCTIONS

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.

Approved IHSS caregivers may apply to be a Registry provider. If you meet registry requirements, your name will be put on a list of eligible providers. This list is then distributed to recipients, or their Authorized Representatives, that contact Public Authority in search of a provider. **NOTE:** IHSS recipients are responsible for hiring, supervising, and terminating the provider they choose. The Caregiver Registry does not guarantee employment.

REGISTRY APPLICATION CHECKLIST

Incomplete applications will be returned. Please follow the checklist below to ensure all required documentation is submitted for your application to be processed timely:

STEP 1: Print application or call (805) 474-2055 to request a copy by mail.

STEP 2: Complete **all** application components below:

- ☐ Registry Application (pg. 2)
- ☐ Certification and Signature (pg. 3)
- ☐ 2 Reference Forms (pg. 4 & 5)
- ☐ Confidentiality Statement (pg. 10 of **IHSS Caregiver Registry Handbook**; *separate*)

STEP 3: Submit completed application (select one):

- ☐ By Mail – 1086 E. Grand Avenue, Arroyo Grande, CA 93420, ATTN: Public Authority
- ☐ By Fax – (805) 474-2012, ATTN: Public Authority
- ☐ In Person – 1086 E. Grand Avenue, Arroyo Grande, CA 93420, ATTN: Public Authority

NOTE: If you are already enrolled as an IHSS provider with a recipient, applying to the Registry is optional. Instead, please have your recipient contact the IHSS Payroll Department at (805) 461-6110 or (805) 474-2103.

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



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: (If different from above)		
City:	State:	ZIP:

Which languages are you fluent in? Mark all that apply

☐ English	☐ Spanish	☐ Mixteco	☐ Russian	☐ Tagalog	☐ Other:
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How did you hear about this Caregiver Registry?

☐ Client	☐ Flyer	☐ Public Authority Staff Call	☐ Group Check-in
☐ Friend or Relative	☐ County Website	☐ SLO County Event / Outreach	☐ 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

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IHSS Caregiver Registry Reference Form ^{*Required}

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: _____

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