



IHSS Public Authority Provider Registry Application

Thank you for your interest in the SB County IHSS Public Authority Registry. Enclosed you will find the following:

1. **Application**
2. **Reference Letter Criteria**

To consider becoming a Public Authority Registry provider, you must meet the following requirements:

- Have at least **2 months** of Home Care experience (**Elderly and/or Disabled**).
- Be fluent in English.
- Have 2 good references –**1 Professional Letter and 1 Personal Letter**. Please refer to the Reference Letter criteria form for further details of what should be included on the Letters.
- Must reside in San Bernardino County

If your application is accepted, you will receive a response in the mail, and you will be asked to complete the following:

- Present a valid CA ID/Driver's License and your original Social Security card
 - Complete the Public Authority Registry Review Packet Forms
 - Be fingerprinted and pass a criminal background investigation by the Department of Justice.
(State law requires you to pay the cost for fingerprint submission.)
 - If you have fingerprinted for the IHSS program within the last year, we will research to see if we can use that information. If we cannot use your previous fingerprint background check, you will receive a new Live Scan form in your packet so that you can submit a new fingerprint background check.
 - You will need to register and complete the IHSS Provider Enrollment process- in the BOUNDS Online Provider Enrollment Portal.
 - Complete an Adult CPR/First Aid training. The Public Authority will register you for CPR/First Aid training as part of the application process once you have cleared a criminal background check.
 - If you have a current copy of an Adult CPR/First Aid card, *or* any other certificates, please provide them at the time of submitting your application.
- ❖ **Please note: Make sure to answer all the questions on your application and remember to sign and date all forms where indicated. Not answering some questions or having missing information may result in your application being denied/ineligible.**



Reference Letter Criteria

PROFESSIONAL REFERENCE LETTER MUST BE IN A LETTER FORMAT

Professional Reference letters must include the following information:

- ◆ Name of the IHSS Client, private client, family member, etc.
- ◆ Address
- ◆ Phone Number
- ◆ How long the applicant worked for this client, specify dates
- ◆ What services was the applicant providing for the client
- ◆ Signature (client) and date

Please note: If you have worked for an IHSS client within the past 7yrs or currently working for an IHSS client you **DO NOT** need to attach a Professional Reference Letter. (Please include the IHSS client's information in the **Home Care Experience section #5** on your application and make a note: IHSS Client).

PERSONAL REFERENCE LETTER MUST BE IN A LETTER FORMAT

Personal References *cannot* be from family members nor anyone residing in your home, and must include the following information:

- ◆ Name
- ◆ Address
- ◆ Phone Number
- ◆ How long has this person known the applicant
- ◆ Relationship to the applicant (Friend, Former boss, Teacher, Co-worker, etc.)
- ◆ Signature (reference person) and date

(Please make sure that reference letters are legible)



Public Authority Provider Registry Application

First Name _____ Middle Name _____ Last Name _____

Physical Address _____ Apt # _____ City _____ Zip _____

Mailing Address _____ Apt # _____ City _____ Zip _____

Social Security No. _____ Driver's License No. _____ State _____ Exp. Date _____

Date of Birth (Month) _____ (Day) _____ (Year) _____

Cell Phone (_____) _____ Permission to Text: Yes No

Home Phone (_____) _____ Message Phone (_____) _____

Email Address _____

Permission to Email: Yes No

Emergency Contact Name _____

Emergency Contact Phone (_____) _____

1. Gender: Male Female Gender Identity _____ Declined to State

2. Are you a United States Citizen over the age of 18? Yes No

If no, are you legally authorized to work in the United States: Yes No

3. What is your primary language?

English Spanish Other _____

4. What is your secondary language?

English Spanish Other _____

5. Please list any Current or Past Home Work Experience. (List any IHSS experience)

Client Name/Employer:	From: (Month/Year)	Phone: ()	Office Use Only <input type="checkbox"/> Verified Initials: _____
Job Title:	To: (Month/Year)		
Address:	City:	State:	Zip:
Duties:		Reason for Leaving:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Client Name/Employer:	From: (Month/Year)	Phone: ()	Office Use Only <input type="checkbox"/> Verified Initials: _____
Job Title:	To: (Month/Year)		
Address:	City:	State:	Zip:
Duties:		Reason for Leaving:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

6. Are you willing to work for? Adults Children Couples Men Women Both Other

7. Are you willing to work with clients who may have the following:

- Developmentally Disabled..... Yes No
- Infectious Disease Yes No
- Mental Illness Yes No
- Terminal Illness Yes No

8. Please select the tasks you are willing to assist with in a client's home.

(Note: Clients may need assistance with tasks you did not select below. The more tasks you are willing to do, the more it will increase the frequency of your name to be referred out to clients.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Domestic Services/Light Cleaning | <input type="checkbox"/> Remove Ice/Snow | <input type="checkbox"/> Ambulation (walking, moving from place to place) |
| <input type="checkbox"/> Preparation of Meals | <input type="checkbox"/> Protective Supervision | <input type="checkbox"/> Moving In/Out of Bed |
| <input type="checkbox"/> Meal Clean-Up | <input type="checkbox"/> Teaching and Demonstration | <input type="checkbox"/> Bathing/Oral Hygiene/Grooming |
| <input type="checkbox"/> Routine Laundry | <input type="checkbox"/> Paramedical Services (assist with medications, insulin, enemas, etc.) | <input type="checkbox"/> Rubbing Skin/Repositioning |
| <input type="checkbox"/> Shopping for Food | <input type="checkbox"/> Respiration (oxygen) | <input type="checkbox"/> Care & Assistance with Prosthesis |
| <input type="checkbox"/> Heavy Cleaning (only if authorized) | <input type="checkbox"/> Bowel and Bladder Care | <input type="checkbox"/> Set Up, Remind Meds |
| <input type="checkbox"/> Other Shopping & Errands | <input type="checkbox"/> Feeding | <input type="checkbox"/> Dressing |
| <input type="checkbox"/> Accompaniment to Medical Appt | <input type="checkbox"/> Routine Bed Baths | |
| <input type="checkbox"/> Accompaniment to Alternate Resources | <input type="checkbox"/> Menstrual Care | |
| <input type="checkbox"/> Remove Grass/Weeds/Rubbish | | |

9. Desired hours per week: 10 hours or less/week 10-25 hours/week 25 hours or more/week

10. Are you willing to work "On Call" including temporary/emergency assignments?

(Available to work within an hour of being called by Public Authority?) Yes** No

**By marking "Yes" you will be placed on the Back-Up Provider System (BUPS) list.

11. Days and hours desired – Please ✓ check the days and times you are available:

- | | | | | | | | |
|---------------------------------|------------------------------|-------------------------------|------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|
| Mornings (6 a.m. – 12 noon) | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thur | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| Afternoons (1 p.m. – 5 p.m.) | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thur | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| Evenings (6 p.m. – 12 midnight) | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thur | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| Overnight (1 a.m. – 6 a.m.) | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thur | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |

12. Geographic Preference: Please only select cities you are interested to work in (please consider driving distance).

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> <u>Adelanto</u> | <input type="checkbox"/> <u>Colton</u> | <input type="checkbox"/> <u>Lake Arrowhead</u> | <input type="checkbox"/> <u>Rancho Cucamonga</u> |
| <input type="checkbox"/> <u>El Mirage</u> | <input type="checkbox"/> <u>Bryn Mawr</u> | <input type="checkbox"/> <u>Arrowbear</u> | <input type="checkbox"/> <u>Alta Loma</u> |
| <input type="checkbox"/> <u>Palmdale</u> | <input type="checkbox"/> <u>Grand Terrace</u> | <input type="checkbox"/> <u>Cedar Glen</u> | <input type="checkbox"/> <u>Etiwanda</u> |
| <input type="checkbox"/> <u>Cajon Junction</u> | <input type="checkbox"/> <u>Loma Linda</u> | <input type="checkbox"/> <u>Green Valley Lake</u> | <input type="checkbox"/> <u>Redlands</u> |
| <input type="checkbox"/> <u>Apple Valley</u> | <input type="checkbox"/> <u>Crestline</u> | <input type="checkbox"/> <u>Running Sprints</u> | <input type="checkbox"/> <u>Mentone</u> |
| <input type="checkbox"/> <u>Barstow</u> | <input type="checkbox"/> <u>Cedar Pines Lake</u> | <input type="checkbox"/> <u>Blue Jay</u> | <input type="checkbox"/> <u>Crafton</u> |
| <input type="checkbox"/> <u>Baker</u> | <input type="checkbox"/> <u>Lake Gregory Village</u> | <input type="checkbox"/> <u>Landers</u> | <input type="checkbox"/> <u>San Bernardino</u> |
| <input type="checkbox"/> <u>Hinkley</u> | <input type="checkbox"/> <u>Twin Peaks</u> | <input type="checkbox"/> <u>Johnson Valley</u> | <input type="checkbox"/> <u>Highland</u> |
| <input type="checkbox"/> <u>Yermo</u> | <input type="checkbox"/> <u>Rimforest</u> | <input type="checkbox"/> <u>Lucerne Valley</u> | <input type="checkbox"/> <u>Trona</u> |
| <input type="checkbox"/> <u>Lenwood</u> | <input type="checkbox"/> <u>Valley of Enchantment</u> | <input type="checkbox"/> <u>Needles</u> | <input type="checkbox"/> <u>Kramer</u> |
| <input type="checkbox"/> <u>Fort Irwin'</u> | <input type="checkbox"/> <u>Crestpark</u> | <input type="checkbox"/> <u>Havasu Lake</u> | <input type="checkbox"/> <u>Red Mountain</u> |
| <input type="checkbox"/> <u>Big Bear City</u> | <input type="checkbox"/> <u>Devore</u> | <input type="checkbox"/> <u>Newberry Springs</u> | <input type="checkbox"/> <u>Upland</u> |
| <input type="checkbox"/> <u>Sugarloaf Mtn</u> | <input type="checkbox"/> <u>Lytle Creek</u> | <input type="checkbox"/> <u>Ludlow</u> | <input type="checkbox"/> <u>Mt. Baldy</u> |
| <input type="checkbox"/> <u>Fawnskin</u> | <input type="checkbox"/> <u>Fontana</u> | <input type="checkbox"/> <u>Nipton</u> | <input type="checkbox"/> <u>San Antonio Heights</u> |
| <input type="checkbox"/> <u>Big Bear Lake</u> | <input type="checkbox"/> <u>Bloomington</u> | <input type="checkbox"/> <u>Ontario</u> | <input type="checkbox"/> <u>Victorville</u> |
| <input type="checkbox"/> <u>Big River</u> | <input type="checkbox"/> <u>Rialto</u> | <input type="checkbox"/> <u>Guasti</u> | <input type="checkbox"/> <u>Desert Knolls</u> |
| <input type="checkbox"/> <u>Earp</u> | <input type="checkbox"/> <u>Forest Falls</u> | <input type="checkbox"/> <u>Montclair</u> | <input type="checkbox"/> <u>Spring Valley Lake</u> |
| <input type="checkbox"/> <u>Parker Dam</u> | <input type="checkbox"/> <u>Angelus Oaks</u> | <input type="checkbox"/> <u>Phelan</u> | <input type="checkbox"/> <u>Wrightwood</u> |
| <input type="checkbox"/> <u>Vidal Junction</u> | <input type="checkbox"/> <u>Oak Glen</u> | <input type="checkbox"/> <u>Baldy Mesa</u> | <input type="checkbox"/> <u>Yucaipa</u> |
| <input type="checkbox"/> <u>Chino</u> | <input type="checkbox"/> <u>Helendale</u> | <input type="checkbox"/> <u>Pinon Hills</u> | <input type="checkbox"/> <u>Yucca Valley</u> |
| <input type="checkbox"/> <u>Chino Hills</u> | <input type="checkbox"/> <u>Silver Lakes</u> | <input type="checkbox"/> <u>Hesperia</u> | <input type="checkbox"/> <u>Joshua Tree</u> |
| <input type="checkbox"/> <u>Pomona</u> | <input type="checkbox"/> <u>Oro Grande</u> | <input type="checkbox"/> <u>Oak Hills</u> | <input type="checkbox"/> <u>Morongo Valley</u> |
| | | | <input type="checkbox"/> <u>Twentynine Palms</u> |
| | | | <input type="checkbox"/> <u>Wonder Valley</u> |

13. Please answer the following questions:

OTHER RELEVANT INFORMATION:

- a. Do you smoke? Yes No
- b. If yes, are you willing to smoke outside? Yes No
- c. Will you work for a smoker? Yes No
- d. Are you willing to work for a client that has pets?..... Yes No
- e. Do you have any allergies and/or issues that would affect your ability to work with someone that has: (If yes, please check all that apply)
 Dogs Cats Perfume Cigarettes Other _____

PROVIDER REFERENCES:

- f. Are you willing to use your car on the job? Yes No
- g. Do you have a valid Driver's License? Yes No
- h. Are you willing to drive a client's car? Yes No
- i. Do you rely on public transportation?..... Yes No
- j. Have you ever been convicted of a felony or misdemeanor? Yes No
 If yes, list date(s) and conviction(s) _____
- k. Have you been fingerprinted for IHSS? Yes No
- l. Did you clear the IHSS background check? Yes No

14. **TRAINING AND CERTIFICATION: (Currently not Mandatory)**
 Please check if you have had training in this area.

Certified Training:	Completed	Exp. Date
<input type="checkbox"/> First Aid	_____	_____
<input type="checkbox"/> CPR (cardiopulmonary resuscitation)	_____	_____
<input type="checkbox"/> CHH (certified home health aide)	_____	_____
<input type="checkbox"/> CNA (certified nursing assistant)	_____	_____

15. The IHSS Client is the Employer.
 The Public Authority Registry is here to assist IHSS clients in selecting potential providers. We supply clients with names of pre-screened providers who are available to work.

- Do you understand that the Registry does not have or make job offers for the clients?..... Yes No
- Do you understand that the IHSS client is the employer and makes the decision to hire or terminate a provider's employment, as they desire for any reason? Yes No
- Do you understand that an IHSS client may request that you do not smoke, wear perfumes, or may make reasonable requests regarding your personal appearance/hygiene? Yes No

16. How did you hear about the Public Authority?

- BOUNDS (Provider Enrollment System) Radio Job Fair Newspaper Mailer Social Media
- Flyer Billboard Website Friend In-Person Orientation Other _____

I certify that all information on this form is true to the best of my knowledge. I understand that any misrepresentation of information on this form may eliminate me from consideration in the registry. I give the IHSS Public Authority Registry permission to share my contact information in my file with its clients.

Signature _____ Date _____



RELEASE OF INFORMATION/WAIVER FORM

To Whom It May Concern:

I, **(Print Name)** _____ hereby authorize any representative of the San Bernardino County IHSS Public Authority bearing this release (or a copy of it) to contact any and all references on my application, including personal references, and obtain any information you may have, written or otherwise pertaining to my employment, or personal history, including but not limited to, any and all records and information pertaining to my performance, attendance, investigation, discipline and other personnel matters, criminal history and other personal history. I hereby request and authorize you to release any and all such information to the Public Authority. I also authorize the Public Authority to release any such information to third parties in the course of its operations.

I have listed below all names that I have used during the course of my employment. This authorization and release applies to any and all information that you may have concerning me using any of those names I have listed below.

This authorization and release is executed with full knowledge and understanding that the information to be released is for the official use of the San Bernardino County IHSS Public Authority.

I hereby release and hold harmless the **Public Authority** and **you**, and each of you, and your respective officers, agents, employees and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, successors, assigns, or associates because of your compliance with this authorization and request to release information, or any attempt to comply with it, and/or because of the Public Authority's use of such information for any purpose related to its operations.

Should there be any questions as to the validity of this authorization and release, you may contact me.

Signature

Date