

IHSS Public Authority Registry Application – see enclosure –

If you already have an IHSS client who would like to hire you, it is not necessary for you to apply to the Registry, unless you are also seeking new client referrals.

- Thank you for your interest in joining the Sonoma County IHSS Public Authority Registry.
- Please fill out the application **completely** and return it.
- Incomplete applications will be eliminated.
- The best qualified caregivers will be selected.
- Acceptance to the Registry allows IHSS clients to receive your name as a possible IHSS caregiver.

Once your application is received and reviewed, you will either receive:

- a phone call and/or a letter inviting you to a Registry information meeting
- a post card saying you were not selected

The complete Registry application process involves the following steps:

- Selection of your application among the best qualified
- Invitation by our staff to a Registry information meeting
- Attendance at a Registry information meeting and subsequent personal/work reference checks
- Becoming an eligible IHSS caregiver (if you have not gone through the State enrollment process yet), which involves:
 - DOJ background check (cost = about \$55.00)
 - New Provider Orientation (different from the Registry information meeting)
 - Staff viewing and photocopying of your photo ID and Social Security card
 - Completion of required forms
 - State verification of your Social Security number

Thank you for your interest! If you have questions, call (707) 565-5700.

Please keep this page for your information.



SONOMA COUNTY
IN-HOME SUPPORTIVE SERVICES
Public Authority

3725 Westwind Blvd., P. O. Box 1949, Santa Rosa, California 95402
Phone: 707-565-5700 Fax: 707-565-5720

REGISTRY CAREGIVER APPLICATION

Name must be written as it is typed on Social Security Card.

Last Name	First Name	Middle Initial
Phone	Cell Phone	Message Phone
Mailing Address	City/State	Zip
Physical Address	City/State	Zip
Social Security #	Driver's License or CA ID #	Expiration Date
Email Address	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

DAYS AND HOURS AVAILABLE- PLEASE PLACE ✓ IN SQUARES WHERE YOU CURRENTLY HAVE AVAILABILITY

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Mornings (7-12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons (12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings (5-11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of hours you want to work each week?	
Are you interested in providing emergency backup assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CAREGIVER PREFERENCES

Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you use your car to shop or do errands for clients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you drive a client's car to shop and do errands?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to be scent-free while working with clients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you read/write English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Willing to work for clients who smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> Outside only	<input type="checkbox"/> No
Willing to work with clients who have pets?	<input type="checkbox"/> No	<input type="checkbox"/> Small dogs	<input type="checkbox"/> Other
	<input type="checkbox"/> Cats	<input type="checkbox"/> Large dogs	
What is your client preference?	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Either

WILLING TO WORK WITH:

<input type="checkbox"/> Children (under 18)	<input type="checkbox"/> Clients with Terminal Illness	<input type="checkbox"/> Developmental Disabilities
<input type="checkbox"/> Elderly (65 and older)	<input type="checkbox"/> Clients with Memory Problems	

GEOGRAPHIC AREAS – Please check the areas where you are willing to work

Central County	North County	South County	East County	West County	
<input type="checkbox"/> Santa Rosa – 01	<input type="checkbox"/> Asti	<input type="checkbox"/> Cotati	<input type="checkbox"/> Agua Caliente	<input type="checkbox"/> Bodega	<input type="checkbox"/> Guerneville
<input type="checkbox"/> Santa Rosa – 03	<input type="checkbox"/> Cloverdale	<input type="checkbox"/> Rohnert Park	<input type="checkbox"/> Boyes Hot Springs	<input type="checkbox"/> Camp Meeker	<input type="checkbox"/> Jenner
<input type="checkbox"/> Santa Rosa – 04	<input type="checkbox"/> Fulton	<input type="checkbox"/> Penngrove	<input type="checkbox"/> Glenn Ellen	<input type="checkbox"/> Cazadero	<input type="checkbox"/> Monte Rio
<input type="checkbox"/> Santa Rosa – 05	<input type="checkbox"/> Geyserville	<input type="checkbox"/> Petaluma	<input type="checkbox"/> El Verano	<input type="checkbox"/> Duncan Mills	<input type="checkbox"/> Occidental
<input type="checkbox"/> Santa Rosa – 07	<input type="checkbox"/> Healdsburg	<input type="checkbox"/> Valley Ford	<input type="checkbox"/> Kenwood	<input type="checkbox"/> Forestville	<input type="checkbox"/> Rio Nido
<input type="checkbox"/> Santa Rosa – 09	<input type="checkbox"/> Windsor		<input type="checkbox"/> Sonoma	<input type="checkbox"/> Graton	<input type="checkbox"/> Sebastopol

WILLING TO PERFORM:

<input type="checkbox"/> Accompaniment to Appointments/Alternative Resources	<input type="checkbox"/> Ambulation (assist with walking/moving about)
<input type="checkbox"/> Rubbing Skin/Repositioning (legs/foot massages, assist with range of motion exercises)	<input type="checkbox"/> Domestic Services (basic house cleaning – sweep, mop, vacuum, dust, etc.)
<input type="checkbox"/> Assist with Medications (set up medications; remind client to take medication)	<input type="checkbox"/> Laundry (wash, dry, fold, and put away)
<input type="checkbox"/> Transfers	<input type="checkbox"/> Meal Preparation and Clean Up (prepare foods, cook, clean up after meals)
<input type="checkbox"/> Hoyer Lift <input type="checkbox"/> Slide Board <input type="checkbox"/> Other:	<input type="checkbox"/> Feeding (assist client with eating meals)
Personal Care:	<input type="checkbox"/> Shopping and errands (shop and run errands, with or without client)
<input type="checkbox"/> Bathing (assist with washing/bed baths)	<input type="checkbox"/> Prostheses care (assist with hearing aids, glasses, prosthetic limbs, etc.)
<input type="checkbox"/> Male Only <input type="checkbox"/> Female Only <input type="checkbox"/> Either Gender	<input type="checkbox"/> Respiration (assist with self-administering breathing devices, oxygen, etc.)
<input type="checkbox"/> Bowel & Bladder Care (assist with using restroom, changing diapers, etc.)	<input type="checkbox"/> Paramedical Services (injections, wound care, etc.)
<input type="checkbox"/> Male Only <input type="checkbox"/> Female Only <input type="checkbox"/> Either Gender	<input type="checkbox"/> Protective Supervision (observe behavior of client with cognitive impairment)
<input type="checkbox"/> Dressing (put on/take off clothes, shoes)	<input type="checkbox"/> Heavy Cleaning (thorough cleaning of home – one-time service)
<input type="checkbox"/> Male Only <input type="checkbox"/> Female Only <input type="checkbox"/> Either Gender	
<input type="checkbox"/> Grooming/Hygiene (brush teeth, comb hair, etc.)	
<input type="checkbox"/> Male Only <input type="checkbox"/> Female Only <input type="checkbox"/> Either Gender	
<input type="checkbox"/> Menstrual Care	

LANGUAGE(S) YOU SPEAK:

<input type="checkbox"/> Arabic	<input type="checkbox"/> Farsi	<input type="checkbox"/> Japanese	<input type="checkbox"/> Hindi	<input type="checkbox"/> American Sign Language
<input type="checkbox"/> Cambodian	<input type="checkbox"/> French	<input type="checkbox"/> Korean	<input type="checkbox"/> Spanish	<input type="checkbox"/> Eritrean/Tigrinya
<input type="checkbox"/> Cantonese	<input type="checkbox"/> German	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Native American
<input type="checkbox"/> English	<input type="checkbox"/> Italian	<input type="checkbox"/> Russian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other

YOUR ETHNICITY: (optional, for statistical purposes only)

<input type="checkbox"/> Asian	<input type="checkbox"/> Eritrean	<input type="checkbox"/> German	<input type="checkbox"/> Latino	<input type="checkbox"/> African-American
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Fijian	<input type="checkbox"/> Italian	<input type="checkbox"/> Indian (East)	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Korean	<input type="checkbox"/> Russian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Chinese	<input type="checkbox"/> French	<input type="checkbox"/> Lao	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other

Have you ever been convicted of or pled “no contest” to a felony or misdemeanor charge, or been on parole or probation? Yes No

If “Yes”, please list all convictions for the past 10 years. On an attached page, list: offense date and place of conviction, sentence and date of release from custody and/or from probation/parole, and other facts you want considered. A “Yes” answer to this question is not an automatic bar to being on the Registry. Each case is considered individually.

Please be informed that all applicants will be processed through a criminal background check. Criminal background information may be shared with IHSS and prospective and/or present employers.

List all training you have had related to In-Home Care:

List any certificates you have:

<input type="checkbox"/> CPR	Expires:	<input type="checkbox"/> CNA	Expires:
<input type="checkbox"/> First Aid	Expires:	<input type="checkbox"/> HHA	Expires:

How many years of experience providing in-home care, do you have?

How did you hear about the Public Authority?

WORK REFERENCES: (PLEASE – DO NOT LEAVE THE FOLLOWING SECTION BLANK)

Please list your caregiving work experience or related volunteer work, beginning with your most recent. Do not use family members as references. **We will contact the people you list below.**

	Employer Name:	Employment Dates:
	Supervisor Name:	Supervisor Phone:
	Related Duties:	
	Reason for Leaving:	

~~~continue work references on next page ~~~

|          |                            |                          |
|----------|----------------------------|--------------------------|
| <b>2</b> | <b>Employer Name:</b>      | <b>Employment Dates:</b> |
|          | <b>Supervisor Name:</b>    | <b>Supervisor Phone:</b> |
|          | <b>Related Duties:</b>     |                          |
|          | <b>Reason for Leaving:</b> |                          |

|          |                            |                          |
|----------|----------------------------|--------------------------|
| <b>3</b> | <b>Employer Name:</b>      | <b>Employment Dates:</b> |
|          | <b>Supervisor Name:</b>    | <b>Supervisor Phone:</b> |
|          | <b>Related Duties:</b>     |                          |
|          | <b>Reason for Leaving:</b> |                          |

Please list 2 people you know personally whom we can contact as references. Please do not use family members.

|          |                                             |                    |
|----------|---------------------------------------------|--------------------|
| <b>1</b> | <b>Name:</b>                                | <b>Home Phone:</b> |
|          | <b>How do you know this person?</b>         | <b>Work Phone:</b> |
|          | <b>How long have you known this person?</b> | <b>Cell Phone:</b> |

|          |                                             |                    |
|----------|---------------------------------------------|--------------------|
| <b>2</b> | <b>Name:</b>                                | <b>Home Phone:</b> |
|          | <b>How do you know this person?</b>         | <b>Work Phone:</b> |
|          | <b>How long have you known this person?</b> | <b>Cell Phone:</b> |

I certify that the above is true. I understand that any false information may eliminate me from enrollment on the Registry. I understand that misrepresentation or omission of facts as provided for in this application is cause for removal from Registry. I understand that my name and phone number may be placed on a list to be given to persons who are seeking assistance in their homes.

I understand that references may be contacted and verified.

I understand that the information on this application, including the results of a criminal background check, may also be shared with IHSS and prospective and present IHSS employers. I also understand that my employer is not Sonoma County In-Home Supportive Services Public Authority and that the IHSS consumer is my employer.

|                            |             |
|----------------------------|-------------|
| <b>Applicant Signature</b> | <b>Date</b> |
|----------------------------|-------------|

# FOR OFFICE USE ONLY

Enrolled

Pending Enrollment

Not Enrolled

Date verified:

LB Sent:

LB Received:

## STAFF NOTES