Public Authority

Caregiver Registry Application

This application is for caregivers to be listed on the IHSS Caregiver Registry in order to be referred to IHSS recipients. The Caregiver Registry is a referral service only and does not guarantee employment. If you already have a recipient who would like to hire you as their caregiver, you do not need to complete this application.

1. Complete the attached Caregiver Registry Application AND provide two Professional Reference Questionnaires.

   ✔ QUESTIONNAIRES MUST BE COMPLETED BY THE REFERENCES THEMSELVES.

2. Applications and reference questionnaires may be submitted via mail, email or in person to the address listed below. Qualified applicants will receive an invitation to attend a Registry Orientation. Please allow two to three weeks from the date application is submitted to receive notification.

Contact Information
IHSS Public Authority Caregiver Registry
3700 Branch Center Road Suite A
Sacramento CA 95827
Telephone: (916) 874-2888
Email: IHSS-PA-Caregiver-Registry@saccounty.net
Attention: Registry Supervisor

Note: Qualified registry applicants must also complete a State mandated Provider Enrollment Orientation and Live Scan fingerprinting for a Department of Justice Background Check at your own expense within two weeks of attending the mandatory Provider Enrollment Orientation. Cost varies by location.

⚠️ Please do not complete DOJ Background check until you have been instructed to do so.
Sacramento County In-Home Supportive Services

Caregiver Registry Application

Personal Information

First Name ___________________ MI _____ Last Name __________________________

Physical Address ___________________________________________________________

City ___________________________ State _____ Zip Code _________________________

Mailing Address (if different) _________________________________________________

City ___________________________ State _____ Zip Code _________________________

Home Phone (______) ___________________ Cell Phone (______) ______________________

Gender: ☐ Male ☐ Female E-Mail ________________________________

Date of Birth _____________________ SSN ________________________________

ID/Driver’s License Number __________________ Issuing State _______ Expiration Date ___________

Emergency contact ___________________________ Phone (______) ______________________

Availability and Preferences

Available Assignments:
☐ Long term (permanent position) ☐ Short term (temporary position)
☐ On-Call (back up/as needed) ☐ Overnights (please indicate)
☐ Short shifts (1-2 hours) ☐ Split shifts (mornings/evenings)
☐ Live in (living with consumer)

Days and Hours Available:

Please list your specific availability. The wider your availability, the more referrals you are likely to receive.

You CANNOT be listed as available during a time you work another job or have other regular commitments.

You must indicate the earliest and latest times you are willing to work each day of the week.

Rapid Response On-Call Network:

This is a service for consumers with serious needs who may require a caregiver at the last minute and/or for a temporary position. Caregivers should be available with little notice and willing to assist with personal care tasks. Would you like to be listed on the Rapid Response On-Call Network? ☐ Yes ☐ No

Day of the Week | Earliest Start Time | Latest Stop Time
--- | --- | ---
Monday | | |
Tuesday | | |
Wednesday | | |
Thursday | | |
Friday | | |
Saturday | | |
Sunday | | |

Transportation:

Do you have a current, valid California Driver’s License? (If no, please skip to the next section) ☐ Yes ☐ No

Do you have a vehicle you are willing to use for authorized tasks? ☐ Yes ☐ No

Are you willing to provide consumers with proof of auto insurance and current registration? ☐ Yes ☐ No

Are you willing to transport a consumer? ☐ Yes ☐ No

Are you willing to drive a consumer’s vehicle? ☐ Yes ☐ No
**Characteristics and Consumer Preferences:**

Do you smoke?  
☐ Yes  ☐ No

Are you willing to work for a consumer who has pets?  
☐ Yes  ☐ No

- Are you willing to work for a consumer who smokes?  
  ☐ Yes  ☐ Outdoor smokers only  ☐ No

**Willing to Work With:**

- Children (under 18 years)
- Adults (18-64 years)
- Elderly adults (65+ years)
- Male consumers
- Female consumers
- Couples (spouses, siblings, roommates)
- Consumers with visual impairments
- Consumers with hearing impairments
- Consumers with cognitive impairments (i.e. Alzheimer’s)
- Consumers with developmental disabilities (i.e. autism)
- Consumers with terminal illnesses (hospice care)

**Areas Willing to Work:**

*Please refer to the Sacramento area map for more information.*

- Antelope
- Arden/Howe
- Broadway/Riverside
- Carmichael
- Citrus Heights
- Del Paso Heights
- Downtown
- East Florin Road
- East Sacramento
- Elk Grove
- Fair Oaks
- Folsom
- Fruitridge Vista
- Galt
- Greenhaven
- Hood
- Isleton
- Laguna
- Lemon Hill
- Meadowview
- Midtown
- Natomas
- North Highlands
- North Sac/Arcade
- Northgate
- Oak Park
- Orangevale
- Pocket/Riverside
- Rancho Cordova
- Rio Linda/Elverta
- Rosemont
- Walnut Grove
- West Florin Road

**Languages Spoken:**

- English (check one):  ☐ Fluent  ☐ Limited
  - Other languages (please list):

**Services Willing to Perform:**

*Please list all services you are WILLING to perform.*

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

**Personal Care Tasks:**

*Please indicate if you are willing to assist male and/or female consumers.*

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

Do you have any experience (paid or unpaid) providing in home care or any relevant training? □ Yes □ No

Please list any experience and/or training:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Why do you want to be a Caregiver?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Current Certifications and Licenses:

□ First Aid (Expiration:__________________________) □ CPR (Expiration:__________________________)

□ CHHA (Expiration:__________________________) (Certified Home Health Aide)

□ CNA (Expiration:__________________________) (Certified Nursing Assistant)

□ LVN (Expiration:__________________________) (Licensed Vocational Nurse)

□ RN (Expiration:__________________________) (Registered Nurse)

□ Other:__________________________ (Expiration:__________________________)

Are you willing to have a drug test without prior notice? □ Yes □ No

In the last 10 years, have you been convicted of any felony OR misdemeanor charges, or been on parole or probation? Failure to disclose this information may automatically disqualify you from the Registry. □ Yes □ No

If "yes," list ALL convictions in the last 10 years. A “yes” answer will not automatically disqualify you from the Registry. Each case is considered individually. For each conviction, list the offense, date and place of conviction, sentence, date of release from custody and/or probation/parole, and any other facts you would like considered.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How did you hear about the IHSS Caregiver Registry? __________________________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
References

The Registry staff must clear at least two references in order to approve your application. Both should be professional (work-related) references.

Professional References

- Professional references should be from people who directly supervised you.
  Please **DO NOT** use coworkers as references. References must be able to speak freely about you and your job performance. References from housekeeping, babysitting, and volunteer positions are acceptable.

Reference Questionnaires

- Attached to this application are two Reference Questionnaires to give to your references. **ALL QUESTIONNAIRES MUST BE COMPLETED BY THE REFERENCES THEMSELVES.** You cannot assist your references with completing the questionnaires. All references must sign the questionnaires and provide a valid daytime telephone number.

Criminal Background Checks on IHSS Caregivers

Current law requires all IHSS providers be fingerprinted via Live Scan to complete a criminal background check through the State of California Department of Justice. State law requires the provider pay for the cost of the criminal background check and fingerprinting.

Background Checks on IHSS Caregiver Registry Applicants

Current law provides that IHSS Public Authorities are to investigate the qualifications and background of IHSS caregivers. Therefore, the following apply to caregiver Registry applicants and caregivers listed on the Registry:

- 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 The Public Authority retains the exclusive right to list, refer, suspend, or remove an individual caregiver from the Registry.
• I understand that my name may be placed on a list to be given to persons who are seeking assistance in their homes, without further notice.

• I understand that the information on this application may also be shared with prospective employers and their advocates without further notice.

• I understand completing this application and being listed on the Registry does not guarantee me employment.

• I understand that my employer is not Sacramento County In-Home Supportive Services (“IHSS”), the Sacramento County IHSS Public Authority, or the Caregiver Registry. The IHSS consumer is my employer. I further understand that an IHSS consumer-employer retains the exclusive right to hire, supervise, and terminate my employment with or without notice.

• I certify under penalty of perjury that all the information provided in this application and its related process is true. I understand that any false information may eliminate me from eligibility for participation on the Registry.

Signature: __________________________________________

Date: ________________________________

Print Name: __________________________________________
Professional Reference Questionnaire
Sacramento County IHSS Caregiver Registry Applicant

Applicant Name: ____________________________________________

Applicant - **DO NOT** write anything below this line. This form must be completed and signed by the reference named below

To Whom It May Concern,

The above named applicant is applying for work as an in-home caregiver and would like to use you as a reference. Please answer each question to the best of your ability.

1. What was your professional relationship to the applicant?
   ____________________________________________

2. Applicant’s job title? ____________________________

3. What were the applicant’s dates of employment? _______________

4. What were the applicant’s job duties? ____________________________
   ____________________________________________

5. Given the opportunity, would you rehire the applicant? Why or why not?
   ____________________________________________
   ____________________________________________
   ____________________________________________

Your signature below confirms the information you provided is correct to the best of your knowledge. You also give permission to Sacramento County IHSS Caregiver Registry staff to contact you regarding this information.

Reference Signature: ____________________________________

Name: ___________________________________________ Date: _________________

Phone Number_________________________
Professional Reference Questionnaire
Sacramento County IHSS Caregiver Registry Applicant

Applicant Name: ____________________________________________

Applicant - DO NOT write anything below this line. This form must be completed and signed by the reference named below

To Whom It May Concern,

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   __________________________________________
   __________________________________________

Your signature below confirms the information you provided is correct to the best of your knowledge. You also give permission to Sacramento County IHSS Caregiver Registry staff to contact you regarding this information.

Reference Signature: _______________________________________

Name: ___________________________ Date: ________________

Phone Number: ___________________