



Provider Registry Application Information

The IHSS Caregiver Registry is a database of specially screened caregivers who are looking to work for IHSS recipients within Sacramento County. By completing this application, you are interested in being referred to recipients for employment. Please note that the Registry does not guarantee employment.

** If you already have an IHSS Recipient who would like to hire you as their provider, you do not need to fill out this application. **

Please complete the Registry Application to be apply for the Caregiver Registry.

- You must complete each page of the application. Additionally, two professional references are required. The professional reference must complete the Reference Questionnaire included with the application; this is **not** to be completed by the applicant.
- Applications and Reference Questionnaires can be submitted by in person or by mail to: 3700 Branch Center Road Suite A Sacramento, CA 95827.
- Applications can also be submitted by email to IHSS-PA-Provider-Registry@SacCounty.net They must have a wet signature. Applications with typed signatures will not be accepted.

Applicants accepted to the registry will need to pass a background check to meet program requirements. The cost of the background check is paid for by the Provider. Applicants accepted to the Registry are also required to attend a Registry Orientation to become familiar with the Provider Registry. If you are not an active Provider with In-Home Support Services, you will need to complete Provider Enrollment.

IHSS Public Authority
3700 Branch Center Road Suite A
Sacramento, CA 95827
Phone: 916-874-2888

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Public Authority

Caregiver Registry Application

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 # _____ Issuing State _____ Expiration Date _____

Emergency contact _____ Phone (_____) _____

Areas Willing to Work:

Please refer to the Sacramento area map for more information.

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

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

Availability and Preferences

<p>Days and Hours Available: Please list your specific availability. The wider your availability, the more You CANNOT be listed as available during a time you work another job or You must indicate the earliest and latest times you are willing to work each day of the week.</p>			
<p>Available Assignments:</p> <input type="checkbox"/> Long term (permanent position) <input type="checkbox"/> Short term (temporary position) <input type="checkbox"/> On-Call (back up/as needed) <input type="checkbox"/> Overnights (please indicate) <input type="checkbox"/> Short shifts (1-2 hours) <input type="checkbox"/> Split shifts (mornings/evenings) <input type="checkbox"/> Live in (living with consumer)	Day of the Week	Earliest Start Time	Latest Stop Time
	Sunday		
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		

Characteristics and Consumer Preferences:

Do you smoke? Are you willing to work for a client who smokes
 Yes No Yes No Outdoor smokers only

Are you willing to work for a consumer who has pets?
 Yes No Cats Large Dogs Small Dogs Other Pets

Willing to Work With:

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

Languages Spoken:

English (check one): Fluent Limited

Other languages (please list): _____

Rapid Response On-Call Network:

This is a service for clients 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

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 clients 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 clients.**

Bathing (assist with washing, sponge baths)

-
- Male clients
-
- Female clients

Bowel and Bladder Care (assist with using restroom, changing diapers)

-
- Male clients
-
- Female clients

Dressing (put on/take off clothes/shoes)

-
- Male clients
-
- Female clients

Grooming / Hygiene (brush teeth, comb hair, etc.)

-
- Male clients
-
- Female clients

Menstrual Care (external application of pads)

-
- Female clients

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: _____) CNA (Expiration: _____)
(Certified Home Health Aide) (Certified Nursing Assistant)

LVN (Expiration: _____) RN (Expiration: _____)
(Licensed Vocational Nurse) (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? _

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: _____

References

The Registry staff must clear your references in order to approve your application. Your application will be considered incomplete if the Reference Questionnaires are unfinished or are not submitted with the application.

Professional references should be work-related 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.

This application includes two Reference Questionnaires to give to your references. The professional reference must complete the Reference Questionnaire. This form is **not** to be completed by the applicant.

All references must **sign** the questionnaires and provide a valid telephone number where they can be reached.

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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 _____

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Professional Reference Questionnaire

Sacramento County IHSS Caregiver Registry Applicant

Applicant Name: _____

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Name: _____ Date: _____

Phone Number _____

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