



# Butte County IHSS Public Authority Registry Application

This application process is for individuals to apply to the Butte County IHSS/Public Authority Registry. Individuals accepted onto our registry will be eligible to have their names referred out to IHSS clients. The Public Authority Registry is a referral service only and does not guarantee employment.

**Back Up Provider System (BUPS)** - System of enrolled IHSS providers who are willing and able to provide emergency back-up services for recipients until a permanent provider is hired. BUPS providers will be paid a wage that is two (\$2) dollars per hour above the current wage rate.

**Complete the Registry Application only if ALL of these apply to you:**

1. I want Butte County Public Authority Registry to refer my name out to IHSS clients.
2. I can legally work in the United States and I have a government issued ID and Social Security card.
3. Within the last 10 years, I have not been convicted or released from incarceration for a Tier 1 or Tier 2 crime.

**Steps to submit a Registry Application:**

1. Complete and sign the application
  - a. A minimum of three references who are not related to you
  - b. Willingness to work numerous IHSS tasks and with multiple populations
  - c. Withholding information about past criminal convictions or pending charges will be an automatic denial and you will not be eligible to reapply for one year after denial
2. Submit your completed application ([pages 3-5](#)). **Keep this cover sheet for your information**
  - a. Mail to: Public Authority - PO Box 1649, Oroville, CA 95965
  - b. Email: [desspa@buttecounty.net](mailto:desspa@buttecounty.net) (attach application-scan or take a picture of the each page)
  - c. Drop off at: 78 Table Mountain Blvd, Oroville, CA 95965 (drop boxes outside or inside the building)

**Process once your application has been received and reviewed**

1. We will contacted you by mail or by phone to schedule an interview once your application has been approved, a local background check has been completed and your references have been verified.
2. If you have already attended the IHSS Certification you are still required to go through the application and interview process
3. We will notify you by mail if we find you are not eligible to be on the Registry.
4. If you have not completed the state mandated California Department of Justice Live Scan background check through the IHSS program you will need to do so after the interview, at your cost, before you can be include on the Butte County Authority Provider Registry.

Additional information can be found on the Butte County In-Home Supportive Services Public Authority website: [www.bcihsspa.org](http://www.bcihsspa.org)

## DESCRIPTION OF AUTHORIZED IHSS TASKS

<b>Domestic Services</b>	Includes such tasks as cleaning, floors, washing kitchen counters, stoves, refrigerators, bathroom, store food and supplies, taking out garbage, dusting, picking up, bring fuel (wood for burning), change/make bed and misc.
<b>Prep Meals</b>	Includes such tasks as washing vegetables, trimming meat, cooking, setting table, serving the meals & beverages, and cutting the food into bite size pieces.
<b>Meal Cleanup</b>	Includes washing/drying dishes, pots, utensils, culinary appliances & putting them away.
<b>Routine Laundry</b>	Includes washing/drying laundry, mending, and ironing, folding & storing clothes on shelves, hangers or in drawers.
<b>Shopping for Food</b>	Includes making out a grocery list, travel to/from the store, shopping, loading/unloading, & storing food. Reasonable food shopping & other shopping/errands limited to the nearest available stores or other facilities consistent with the recipients economy and needs.
<b>Other Shopping Errands</b>	Includes making out a shopping list, travel to/from the store, shopping, loading/unloading, storing supplies purchased, and/or performing <b>reasonable</b> errands such as delivering a delinquent payment or picking up a prescription, etc. Reasonable food shopping & other shopping/errands limited to the nearest available stores or other facilities consistent with the client's economy and needs.
<b>Respiration Assistance</b>	Limited to non-medical services such as assistance with self-administration of oxygen, nebulizer set up & cleaning, cleaning respiratory machines (replacement of water, filter and cannula).
<b>Bowel &amp; Bladder Care</b>	Assistance with enemas, emptying of catheter or ostomy bags, assistance with bed pans, emptying & sterilizing bedside commodes, application of diapers, changing rubber sheets or chucks, assistance to/from toilet, assistance on/off toilet, assistance in wiping, bowel program.
<b>Feeding</b>	Consumption of food and assurance of adequate fluid intake consisting of feeding or related assistance to recipients who cannot feed themselves or who require assistance with special devices in order to feed themselves or to drink adequate liquids.
<b>Dressing</b>	Assisting the recipient in gathering clothing, to be appropriately dressed with clean clothing, assist in helping recipient put on/take off clothing, assist in putting on shoes, socks.
<b>Menstrual Care</b>	Limited to application of sanitary napkins and external cleaning.
<b>Ambulation</b>	Assisting the recipient with walking or moving from place to place.
<b>Move In/Out of Bed</b>	Assisting the recipient to move in and out of bed safely.
<b>Bathe, Oral Hygiene/Grooming</b>	Assisting the recipient to bathe, sponge bathe, shower, shave, brush teeth, comb hair, trim fingernails, and apply lotion.
<b>Rub Skin, Repositioning, Help On/Off Seats</b>	Rubbing of skin to promote circulation (non-ambulatory clients or clients who have medically documented poor circulation), turning in bed and other types of repositions, assistance with transfers on/off seats and wheelchairs, range of motion exercises.
<b>Care/Assistance with Prosthesis &amp; Medications</b>	Assistance with self-administration of medications consists or reminding the recipient to take prescribed and/or over the counter medications when they are to be taken and setting up Medi-sets; Cleaning/maintaining of wheelchair, plug-in/change wheelchair battery; assistance with prosthetics.
<b>Accompaniment Services to Medical Appointments</b>	Assistance by the provider for transportation when the providers presence is required and assistance is necessary to accomplish the travel, limited to transportation to and from appointments with physicians, dentist and other health practitioners and, transportation necessary for fitting health related appliances/devices & special clothing.
<b>Accompaniment Services to Alternative Resources</b>	Transportation to the site where alternative resources provide in-home supportive services to recipients in lieu of IHSS
<b>Protective Supervision</b>	Consists of observing mentally impaired recipient behavior in order to safeguard the recipient against injury, hazard or accident and enabling the recipient to remain safely at home ( <b>Note: It must be determined that a 24 hour need exists and that alternate resources are available as IHSS does not pay for 24 hour care</b> ).
<b>Paramedical Services</b>	Provided when ordered by a licensed health care professional. Include the administration of medications, puncturing of skin, or inserting a medical device into a body orifice, activities requiring sterile procedures, or other activities requiring judgment based on training given by a licensed health care professional.



For Office Use Only-	
CMIPS	_____
DOJ County	_____
IHSS Orientation	_____
Butte Superior Court	_____
Interview Date	_____ Time _____

**PUBLIC AUTHORITY REGISTRY APPLICATION** (Incomplete or Unreadable applications will be denied)

Name \_\_\_\_\_  
 Last First Middle

Address \_\_\_\_\_  
 Number Street Apt# City Zip

Mailing Address \_\_\_\_\_  
 (If different) PO Box or Number Street Apt# City Zip

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_  
 Working phone and voicemail required

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

Driver's License or ID \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Issuing State \_\_\_\_\_

**Select your registry preference:**

**REGISTRY PROVIDER ONLY                  BUPS PROVIDER ONLY                  REGISTRY & BUPS**

**Locations you are willing to work in**

Oroville (est. miles from Oroville)

Chico (est. miles from Chico)

Bangor (15)	Forbestown (26)
Berry Creek (20)	Gridley (18)
Biggs (18)	Honcut (20)
Brush Creek (25)	Oroville
Clipper Mills (35)	Palermo (10)
Concow/Yankee Hill (36)	Richvale (14)
Feather Falls (26)	

Butte Meadows (35)	Nord (11)
Chico	Paradise (15)
Cohasset (18)	Stirling City (35)
Dayton (10)	
Durham (10)	
Forest Ranch (15)	
Magalia (20)	

**IHSS Tasks I am willing to complete**

Domestic Services	Bowel & Bladder	Rub Skin/Repositioning
Prep Meals	Feeding	Medication & Assistance w/Prosthesis
Meal Clean Up	Dressing	Medical Accompaniment
Routine Laundry	Menstrual Care	Alternative Resources Accompaniment
Shopping for Food	Ambulation	Protective Supervision
Other Shopping Errands	Help In/Out of Bed & On/Off Seats	Paramedical Services
Respiration	Bath/Oral Hygiene Grooming	

**Clients I am willing to work with**

Female	Male	Couples (2 IHSS Clients)
Elderly (64+)	Adults (18-64)	Children (0-17)
Developmentally Disabled	Infectious Diseases	Mental Health Disability
Terminally Ill		

**Personal Information**

	Yes	No		Yes	No
My English is fluent			My English is limited but I am able to communicate		
I am fluent in (write languages in next column)					
Do you smoke			Work in a home with a smoker		
Work in a home with animals			A current certified IHSS provider		
<b>Preferred communication method with Butte County Public Authority (check box)</b>			<b>USPS</b>	<b>Email</b>	

**Transportation**

You are responsible in providing your own reliable transportation to and from work	Yes	No
Do you have a valid Driver's License		
Are you willing to transport clients in your car		
If you are willing to transport clients you are required to show proof of current car registration and insurance		
Are you willing to drive a client's car?		

**Criminal Background Disclosure**

As a part of the IHSS Public Authority application process, applicants are required to complete the state mandated IHSS Certification process. This will include passing a criminal background check. The costs range from \$50 to \$70.

Have you ever been convicted of a crime or been incarcerated following a conviction in the last 10 years (Note: A "yes" answer to this question is not an automatic bar to being on the Registry)	Yes	No
Do you have any pending criminal charges in Butte or any other county or state? If yes, please list:	Yes	No

**Convictions (If needed, include additional pages to list convictions)**

Date	Offense/Penal Code	County and State	Felony or Misdemeanor

**\*\*Withholding past/pending criminal information is an automatic denial and you will not be eligible to reapply for one year from date of denial.**

**Work and/or Personal References (At least three references / Do not list relatives)**

Name – first and last name	Relationship—do not list anyone related to you by birth, marriage or living with	Reference Phone Number we can call Mon-Thurs 8AM-4PM	Years Known

I certify that the information of this application is true. I understand that any false information may eliminate me from consideration. Initial: \_\_\_\_\_

I understand that the information of this application may be shared with prospective employers and their designees. Initial: \_\_\_\_\_

I understand that my employer is not Butte County In-Home Supportive Services (IHSS) nor Butte County Public Authority. The IHSS client is my employer. Initial: \_\_\_\_\_

I understand that as a part of my application process, I give permission to the Butte County IHSS Public Authority to contact and receive information from my references. Initial: \_\_\_\_\_

I understand that if I am accepted onto the Public Authority Registry, my name and phone number may be included on lists given to persons who are seeking assistance in their homes (IHSS clients and their designees). The IHSS Public Authority retains the exclusive right to list, refer, suspend, or remove an individual provider from the registry. Initial: \_\_\_\_\_

I understand that the Butte County Public Authority Removal from the Registry Policy outlines minor and major complaint violations, which includes no use of drugs and alcohol in the workplace. Substantiated violations to our policy would be grounds for removal from the Registry. Initial: \_\_\_\_\_

I understand that if I am accepted onto the Public Authority Registry, Butte County In-Home Supportive Services and Butte County Public Authority accepts no liability from Registry Providers who choose to use their private vehicles to complete authorized IHSS tasks. Registry Providers should consult with their private auto insurance carriers for information. Initial: \_\_\_\_\_

I understand that I am responsible for paying the fees associated with the Criminal Background Investigation (Live Scan for DOJ). I understand that passing the DOJ background check does not guarantee employment. Initial: \_\_\_\_\_

I understand that the Public Authority does not guarantee employment. The Public Authority Provider Registry is a referral service for IHSS clients and providers; it is not an employment agency. Initial: \_\_\_\_\_

I certify under penalty of perjury that all the information provided in this application is true.

Signature \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Print Name: \_\_\_\_\_