



For Public Authority Use only
Interviewed by:
Date:

Registry Application

Dear IHSS Registry Applicant,

Thank you for your interest in applying for the IHSS Registry in Butte County. Please complete the following steps to submit your application:

- Complete the application and return it to the Public Authority, P.O. Box 851, Oroville, CA 95965.
- Be sure to include the names and phone numbers of each work and personal reference. You may use volunteer work as an employment reference.
- After reviewing your application, we will send you a letter advising you of dates to call in for an orientation and interview appointment. If we find you are not eligible to be on the Registry, we will notify you by mail.

Registry Eligibility Application Requirements

1. Submission of a complete and legible IHSS Public Authority Registration Application.
2. At least one valid work reference, this can include volunteer work. Two work references are preferred. Personal references are also required.
3. Ability to show proof of legal employment in the United States with an original government issued picture identification and original social security card. The names on the documents need to be the same.
4. Certain criminal convictions or incarceration following a conviction within the last 10 years may preclude you from being listed as a Public Authority Registry Provider.
5. Willingness to work numerous IHSS tasks and with different populations.
6. The ideal registry applicant will be able to show some experience in providing care for others in a personal or professional manner.
7. **Please note that if you have not** completed the State mandated California Department of Justice Livescan background check through the IHSS program you will need to do so, **at your cost**, before you can be included on the Butte County Public Authority Provider Registry.

Revised: 4/16/2014

DESCRIPTION OF AUTHORIZED IHSS TASKS

Domestic Services	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.
Prep Meals	Includes such tasks as washing vegetables, trimming meat, cooking, setting table, serving the meals & beverages, and cutting the food into bite size pieces.
Meal Cleanup	Includes washing/drying dishes, pots, utensils, culinary appliances & putting them away.
Routine Laundry	Includes washing/drying laundry, mending, ironing, folding & storing clothes on shelves, hangers or in drawers.
Shopping for Food	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.
Other Shopping Errands	Includes making out a shopping list, travel to/from the store, shopping, loading/unloading, storing supplies purchased, and/or performing reasonable 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.
Respiration Assistance	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 canula).
Bowel & Bladder Care	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.
Feeding	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.
Dressing	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.
Menstrual Care	Limited to application of sanitary napkins and external cleaning.
Ambulation	Assisting the recipient with walking or moving from place to place.
Move In/Out of Bed	Assisting the recipient to move in and out of bed safely.
Bathe, Oral Hygiene/Grooming	Assisting the recipient to bathe, sponge bathe, shower, shave, brush teeth, comb hair, trim fingernails, apply lotion.
Rub Skin, Repositioning, Help On/Off Seats	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.
Care/Assistance with Prosthesis & Medications	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.
Accompaniment Services to Medical Appointments	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.
Accompaniment Services to Alternative Resources	Transportation to the site where alternative resources provide in-home supportive services to recipients in lieu of IHSS
Protective Supervision	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 (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).
Paramedical Services	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.

Name:

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First

Middle Name

Last

List any other names used:

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Phone Numbers:

--	--	--

Home

Cell

Message/other

Address:

--	--	--

Number

Street

City

Zip Code

Social Security Number:

Date of Birth:

Gender:

		Male <input type="checkbox"/> Female <input type="checkbox"/>
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Male

Female

California Driver's License

Exp Date:

Vehicle Registration and Insurance:

		Yes <input type="checkbox"/> No <input type="checkbox"/> Copies provided <input type="checkbox"/>
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Yes

No

Copies provided

Please Note: We only need proof of auto registration and insurance if you will use your car to transport consumers.

How long have you lived in Butte County? _____

What other counties and states have you lived in and when?

Other Information:

- Do you smoke? Yes No Will you work for a smoker? Yes No
- Form of transportation: Bus Car Will you accept a live-in position? Yes No
- Do you read/write English? Yes No Client preference? Male Female either
- Are you willing to transport consumers: In your car? Yes No In their car? Yes No
- Are you willing to work around pets? Yes No
- Are you available to work: Holidays Overnight Temporary replacement 1-2 hour shifts
(Respite Care)

Geographic Preference:

- | | | | | |
|--|--|--|-----------------------------------|--|
| <input type="checkbox"/> Bangor | <input type="checkbox"/> Chico | <input type="checkbox"/> Durham | <input type="checkbox"/> Honcut | <input type="checkbox"/> Palermo |
| <input type="checkbox"/> Berry Creek | <input type="checkbox"/> Clipper Mills | <input type="checkbox"/> Feather Falls | <input type="checkbox"/> Magalia | <input type="checkbox"/> Paradise |
| <input type="checkbox"/> Biggs | <input type="checkbox"/> Cohasset | <input type="checkbox"/> Forbestown | <input type="checkbox"/> Nelson | <input type="checkbox"/> Richvale |
| <input type="checkbox"/> Brush Creek | <input type="checkbox"/> Concow | <input type="checkbox"/> Forest Ranch | <input type="checkbox"/> Nord | <input type="checkbox"/> Yankee Hill |
| <input type="checkbox"/> Butte Meadows | <input type="checkbox"/> Dayton | <input type="checkbox"/> Gridley | <input type="checkbox"/> Oroville | <input type="checkbox"/> Stirling City |

Tasks willing to do: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Domestic Services | <input type="checkbox"/> Menstrual Care |
| <input type="checkbox"/> Prep Meals | <input type="checkbox"/> Ambulation (help walking) |
| <input type="checkbox"/> Meal Clean Up | <input type="checkbox"/> Help In/Out of Bed & On/Off Seats |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Bath/ Oral Hygiene/ Grooming |
| <input type="checkbox"/> Shopping for Food | <input type="checkbox"/> Rubbing Skin/Repositioning |
| <input type="checkbox"/> Other Shopping Errands | <input type="checkbox"/> Medication & Assistance with Prosthesis |
| <input type="checkbox"/> Respiration | <input type="checkbox"/> Medical Accompaniment |
| <input type="checkbox"/> Bowel & Bladder | <input type="checkbox"/> Alternative Resources Accompaniment |
| <input type="checkbox"/> Feeding | <input type="checkbox"/> Protective Supervision |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Paramedical Services |

Willing to Work With: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Infectious Diseases |
| <input type="checkbox"/> Children | <input type="checkbox"/> Men |
| <input type="checkbox"/> Couples | <input type="checkbox"/> Mentally Ill |
| <input type="checkbox"/> Developmentally Disabled | <input type="checkbox"/> Terminal Illness |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Women |

Primary Language: _____

Other Languages Spoken Fluently:

- English
- Spanish
- Hmong
- American Sign
- Other: _____

Have you been convicted of a crime or been incarcerated following a conviction in the last 10 years?

(Note: Do not report convictions more than two years old for violations of Health and Safety Code Sections 11357(b) or (c), 11360(b), 11364, 11365 and 11550 as **related to marijuana only**.)

Yes No

A "yes" answer to this question is not an automatic bar to being on the Registry. Each case is considered individually. Please include an additional page if needed.

Conviction: (Also list if you are/were on parole or probation)

Date: Offense: County & State: Type:

Do you have any pending criminal charges in Butte or any other county or state? Yes No
If yes, please list:

List or describe any training or experience you have had related to In-Home Care: -

Years of In-Home Care Experience? _____

List any certificates or licenses you have:

- First Aid Expires: _____
- CPR Expires: _____
- CNA Expires: _____
- CHHA Expires: _____

Work Experience, most recent first:

Dates:		Job Title:	Name of Company/Client
From:	To:		
Supervisor's Name/Contact		Phone:	Reason for Leaving:

Dates:		Job Title:	Name of Company/Client
From:	To:		
Supervisor's Name/Contact		Phone:	Reason for Leaving:

Personal References (Do not list relatives)

Name:	Phone Number:	Relationship:	Years Known:

Certification and Acknowledgment

I understand that my name may be given to people who are seeking IHSS assistance, and that the information on this questionnaire may be shared with these prospective employers and their advocates.

I understand The Public Authority retains the exclusive right to list, refer with or without comment, suspend, or remove an individual provider from the Registry.

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

I understand that my consumer employer is not Butte County In-Home Supportive Services (“IHSS”) or the Butte County IHSS Public Authority. The consumer/client is the employer.

I understand that an IHSS Consumer/Employer retains the exclusive right to hire, supervise, and terminate my employment with or without notice.

I Understand the POLICY AND PROCEDURE on background checks:

- All Registry applicants will be required to give written permission for the Public Authority to conduct a criminal background check;
- All Registry applicants will be required to disclose information on previous criminal convictions or incarceration following a conviction in the last 10 years and any pending criminal cases;
- A criminal background check will be conducted on each Registry applicant prior to being placed on the Registry.

I am willing to have a criminal/fingerprint background check: YES NO

INITIAL: _____

I certify under penalty of perjury that all the information provided in this application is true. I understand that any false or withheld information will eliminate me from eligibility for participation on the Public Authority Registry. I authorize investigation of all statements contained herein including criminal background, work and personal references.

Print Name: _____ **Date:** _____

Signature: _____