



Riverside County In-Home Supportive Services (IHSS) Public Authority REGISTRY HOME CARE PROVIDER APPLICATION

E-mail Address: _____

Name: _____
Last
First
Middle

Home Telephone #: (____) _____ - _____ Cellular Telephone #: (____) _____ - _____

Home Address: _____
Number
Street
Apt #
City
State
Zip

Mailing Address: _____
(If different from above) Number
Street
Apt #
City
State
Zip

Gender: M F Social Security #: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

What language(s) are you *fluent* in? English Spanish Other: _____

Are you able to *read and write* in the language(s) indicated above? YES NO

Are you a US Citizen? YES NO Legal Resident? YES NO

If you are a legal resident, please complete the following:

Resident (Alien) A#: _____ Work Permit #: _____ Exp. Date: ____ / ____ / ____

California Driver License #: _____ Exp. Date: ____ / ____ / ____

Auto Insurance: _____ Policy # _____ Exp. Date: _____

List **two** Emergency Contacts: Name: _____ Phone #: (____) _____ - _____

Name: _____ Phone #: (____) _____ - _____

PLEASE CHECK WHO YOU ARE WILLING TO WORK WITH :

Client Type	Couples		Infectious Disease		Mentally ill		Women	
	Developmentally Disabled		Men		Terminally ill			

I, _____ am ABLE AND WILLING to do the following Domestic Tasks (If approved by Social Worker):

- | | | | |
|--------------------------|------------------------|-----------------|--------------------------------|
| Domestic Services | Preparation of Meals | Meal Clean-Up | Routine Laundry |
| Shopping for Food | Other Shopping/Errands | Heavy Cleaning | Accompaniment to Medical Appt. |
| Teaching & Demonstrating | Protective Supervision | Paramedical | Accompaniment to Other Appt. |
| Remove Grass | Remove Weeds | Remove Ice/Snow | |

Signature: _____

I, _____ am ABLE AND WILLING to do the following Personal Tasks (If approved by Social Worker):

- | | | | |
|----------------------|---------------|----------------------|-----------------------------|
| Respiration | Bowel Care | Bladder Care | Feeding |
| Bed Baths | Dressing | Menstrual Care | Ambulation |
| Moving In/Out of Bed | Bathing | Oral Hygiene | Grooming |
| Rubbing of Skin | Repositioning | Artificial Limb Care | Set up Medication Reminders |

Signature: _____

PLEASE CHECK ALL THAT APPLY : Available Term

Weekly Availability		Special Availability		Available Term	
10 Hrs. or Less		Holidays		Live-In Care	Short Term
10 - 25 Hrs.		Occasional Overnights		1 - 2 Hour Shifts	Long Temp
25 Hrs. or More		On Call			

PLEASE ENTER TIME FRAME WHEN YOU ARE AVAILABLE:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Mornings 6am-12pm							
Afternoons 12pm-6pm							
Evenings 6pm-12am							
Overnights							

PLEASE CHECK THE CITIES YOU ARE AVAILABLE TO WORK IN :

{ } Aguanga	{ } Corona	{ } Mira Loma	{ } Ripley
{ } Anza	{ } Desert Center	{ } Moreno Valley	{ } Riverside
{ } Banning	{ } Desert Hot Springs	{ } Mountain Center	{ } Romoland
{ } Beaumont	{ } Hemet	{ } Murrieta	{ } San Jacinto
{ } Bermuda Dunes	{ } Homeland	{ } Norco	{ } Sun City
{ } Blythe	{ } Idyllwild	{ } North Shore	{ } Temecula
{ } Cabazon	{ } Indian Wells	{ } Nuevo	{ } Thermal
{ } Calimesa	{ } Indio	{ } Palm Desert	{ } Thousand Palms
{ } Canyon Lake	{ } Lake Elsinore	{ } Palm Springs	{ } White Water
{ } Cathedral City	{ } La Quinta	{ } Perris	{ } Wildomar
{ } Cherry Valley	{ } Mecca	{ } Quail Valley	{ } Winchester
{ } Coachella	{ } Menifee	{ } Rancho Mirage	

PLEASE CHECK ALL THAT APPLY TO YOU:

I smoke tobacco:	Willing to work with pets:	Other Allergies: (Please list): _____	I willing to drive my car:
Willing to smoke outside:	Unwilling to work with certain pets: _____	Allergic to Dogs:	I willing to drive the consumer's / client's car:
Willing to work for smoker:	Allergic to Cats:	I do not use scents:	
	I am allergic to scents:		

Employment History:

I give the Riverside County IHSS Public Authority staff permission to conduct employment references check _____ (please initial)

Please list each employer you have worked for within the last five (5) years.

Please indicate with an asterisk (*) any current IHSS Consumers.

Dates Employed Month / Day / Year	Employer Name, IHSS Client and Address	Position	Salary Rate	Reason for Leaving	Employer's Phone #
From: To:					
From: To:					
From: To:					
From: To:					

CONVICTIONS:

(Conviction of a crime does not necessarily bar you from the Registry)

Have you ever been convicted and/or are you pending a final disposition for a Felony and/or Misdemeanor charge? Yes { } No { } If yes, what charge, date of arrest, county and final disposition of case:

Do not include:

- a) Convictions while a minor;
- b) Any incident sealed under Welfare & Institutions Code #781 or Penal Code #1203.45;
- c) Conviction(s) for violation of Section 11357 of the Health and Safety Code or a statutory predecessor therefore, or subdivision(s) of Section 11360 of the Health and Safety Code, or Section 11364, 11365, or 11550 of the Health and Safety Code as they related to marijuana prior to January 1, 1976, or a statutory predecessor thereof, which conviction(s) occurred more than two years from the date of this application.

Information on this application may be provided, without further notice, to prospective IHSS Recipients and their advocates.

Certification:

I, _____ understand and certify:

1. Employment is contingent upon successful completion of a drug and alcohol screening.
2. I must complete a Live Scan criminal background check with the California Department of Justice at my own cost.
3. I may be dismissed or denied employment if I have been convicted of certain crimes.
4. Riverside County IHSS Public Authority retains the exclusive right to exclude, list, refer, suspend, or remove with or without comment, any IHSS Provider from the Registry.
5. The information on this application may be provided, without further notice, to prospective IHSS Recipients and their advocates.
6. Completing this application and being listed on the Registry does not guarantee employment.
7. My employer is **not** the County of Riverside, County of Riverside IHSS, or the Riverside County IHSS Public Authority. The IHSS Recipient that hires me is my employer.
8. The IHSS Recipient/Employer retains the exclusive right to hire, train, supervise, and terminate my employment at any time with or without cause.
9. My employment is “at will” of the IHSS Recipient/Employer.
10. I may request to no longer participate in the Registry by contacting the Riverside County IHSS Public Authority.
11. I must complete a registry update at least four times per year.
12. I must notify the Public Authority Registry when any information related to employment (Phone number, Address, Available Hours, etc.) within 30 days of the change.
13. I hereby authorize Riverside County IHSS Public Authority to request any school, police department, financial institution or other persons having personal knowledge about me to furnish the consumer or bearer with any and all information as to my character, general reputation, personal characteristics, and mode of living in connection with my application for placement on the Riverside County IHSS Public Authority Registry. This information may reveal my work habits, including but not limited to oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. I further authorize the Riverside County IHSS Public Authority to obtain information and records that includes, but not limited to: criminal record, civil matters, driving record, education verification, and professional license verification.
14. I cannot receive IHSS program funds as payment for authorized services I provide to any eligible recipient of IHSS until I have completed the entire provider enrollment process and I have been officially enrolled as a provider by the Riverside County IHSS program.
15. I received The Facts About Worker’s Compensation DPSS 4365 (8/13) brochure discussing worker’s compensation and my rights thereof.

I certify under penalty of perjury that all statements made on this application are true and complete. I understand that any false statements or misrepresentations may result in my disqualification to be part of the Riverside County IHSS Public Authority Registry.

Print Name: _____

Date: _____

Signature: _____