IN-HOME SUPPORTIVE SERVICES
PUBLIC AUTHORITY
SAN BERNARDINO COUNTY

Registry Provider Update Form

1. PLEASE COMPLETE THE UPDATE FORM BY FILLING IN ALL SECTIONS.

Please print clearly if the form is not completed online:

First Name: * | **Middle Initial: *** | **Last Name: ***

Home Address: * ☐ **Check box for new address** | **City: *** | **Zip Code: ***

Cell # * ☐ **Check box if this is a new #** | **Home** ☐ **or Message** ☐**:** | **Provider Email: ***

( ) | ( )

(Clients will be calling this number.)

Mailing/P.O. Box Address: * | **Last 4 Digits of Social Security #: ***

2. PLEASE PROVIDE THE NAME OF YOUR CURRENT IHSS CLIENT/CLIENTS. IF YOU DO NOT HAVE A CLIENT, PLEASE INPUT N/A.

Client 1: * | Client 2: * | Client 3: *

3. AVAILABILITY FOR THE REGISTRY: PLEASE CHECK✓BOXES THAT REFLECT YOUR CURRENT AVAILABILITY TO BE REFERRED OUT.

☐ I currently have enough clients at this time. **I will now only be required to update every 3 months, as I am "fully employed" and DO NOT need to be referred out.**

☐ I would like to be placed/continue on the BUPS referral list.

☐ I would like to be removed from the BUPS referral list but continue to be referred out on the registry**.**

☐ I am no longer interested in being referred out to clients; **please remove my name from the registry.**

☐ I would like my status changed to "Inactive" for 3 months due to personal/medical reasons. Please explain:

☎ **FOR ANY OTHER CHANGES PLEASE CALL THE PUBLIC AUTHORITY AT: 1-866-985-6322, OPTION #3.**

4. PLEASE ENTER YOUR AVAILABILITY BELOW - ONLY ENTER TIMES YOU ARE AVAILABLE TO WORK FOR NEW CLIENTS.

EXAMPLE: BELOW:							
MONDAY	TUESDAY	WEDNESDAY		THURSDAY	FRIDAY	SATURDAY	SUNDAY
9 A.M.- 4 P.M.		9 A.M.- 4 P.M.			9 A.M.- 4 P.M.		9 A.M.- 4-P.M.

PLEASE ADD YOUR AVAILABILITY BELOW:						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
A.M.	A.M.	A.M.	A.M.	A.M.	A.M.	A.M.
P.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.

IN-PERSON PROVIDER'S SIGNATURE: _____ DATE: _____

Please return the completed form to your local IHSS or IHSS-Public Authority office or submit it online: http://hss.sbcounty.gov/pa_update.