IN HOME SUPPORTIVE SERVICES
PUBLIC AUTHORITY
SAN BERNARDINO COUNTY

784 E. Hospitality Ln
San Bernardino, CA 92415-0034
Toll Free: (866) 985-6322 ● Fax: (909) 927-4176

IHSS Public Authority Provider Registry Application

Thank you for your interest in the SB County IHSS Public Authority Registry. Enclosed you will find the following:

1. **Application**
2. **Reference Letter Criteria**

To consider becoming a Public Authority Registry provider, you must meet the following requirements:

- Have at least **2 months** of Home Care experience **(Elderly *and/or* Disabled).**
- Be fluent in English.
- Have 2 good references –**1 Professional Letter and 1 Personal Letter.** Please refer to the Reference Letter criteria form for further details of what should be included on the Letters.
- Must reside in San Bernardino County

If your application is accepted, you will receive a response in the mail, and you will be asked to complete the following:

- Present a valid CA ID/Driver's License and your original Social Security card
- Complete the Public Authority Registry Review Packet Forms
- Be fingerprinted and pass a criminal background investigation by the Department of Justice. **(State law requires you to pay the cost for fingerprint submission.)**
  - If you have fingerprinted for the IHSS program within the last year, we will research to see if we can use that information. If we cannot use your previous fingerprint background check, you will receive a new Live Scan form in your packet so that you can submit a new fingerprint background check.
- You will need to register and complete the IHSS Provider Enrollment process- in the BOUNDS Online Provider Enrollment Portal.
- Complete an Adult CPR/First Aid training. The Public Authority will register you for CPR/First Aid training as part of the application process once you have cleared a criminal background check.
  - If you have a current copy of an Adult CPR/First Aid card, *or* any other certificates, please provide them at the time of submitting your application.

❖ **Please note: Make sure to answer all the questions on your application and remember to sign and date all forms where indicated. Not answering some questions or having missing information may result in your application being denied/ineligible.**

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Reference Letter Criteria

PROFESSIONAL REFERENCE LETTER MUST BE IN A LETTER FORMAT

Professional Reference letters must include the following information:

- Name of the IHSS Client, private client, family member, etc.
- Address
- Phone Number
- How long the applicant worked for this client, specify dates
- What services was the applicant providing for the client
- Signature (client) and date

Please note: If you have worked for an IHSS client within the past 7yrs or currently working for an IHSS client you **DO NOT** need to attach a Professional Reference Letter. (Please include the IHSS client's information in the **Home Care Experience section #5** on your application and make a note: IHSS Client).

PERSONAL REFERENCE LETTER MUST BE IN A LETTER FORMAT

Personal References *cannot* be from family members nor anyone residing in your home, and must include the following information:

- Name
- Address
- Phone Number
- How long has this person known the applicant
- Relationship to the applicant (Friend, Former boss, Teacher, Co-worker, etc.)
- Signature (reference person) and date

(Please make sure that reference letters are legible)

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Public Authority Provider Registry Application

First Name _____ **Middle Name** _____ **Last Name** _____

Physical Address _____ **Apt #**____ **City** _____ **Zip** _____

Mailing Address _____ **Apt #**____ **City** _____ **Zip** _____

Social Security No. _____ **Driver's License No.** _____ **State** _____ **Exp. Date** _____

Date of Birth (Month) _____ **(Day)** _____ **(Year)** _____

Cell Phone (_____**)** _____ **Permission to Text:** ☐ **Yes** ☐ **No**

Home Phone (_____**)** _____ **Message Phone (**_____**)** _____

Email Address _____
Permission to Email: ☐ **Yes** ☐ **No**

Emergency Contact Name _____

Emergency Contact Phone (_____**)** _____

1. **Gender:** ☐ **Male** ☐ **Female** ☐ **Gender Identity** _____ ☐ **Declined to State**

2. **Are you a United States Citizen over the age of 18?** ☐ **Yes** ☐ **No**
   If no, are you legally authorized to work in the United States: ☐ **Yes** ☐ **No**

3. **What is your primary language?**
   ☐ **English** ☐ **Spanish** ☐ **Other** _____

4. **What is your secondary language?**
   ☐ **English** ☐ **Spanish** ☐ **Other** _____

5. Please list any Current or Past Home Work Experience. (List any IHSS experience)

Client Name/Employer:	From: (Month/Year)	Phone: ( )	Office Use Only ☐ Verified Initials: _____
Job Title:	To: (Month/Year)		
Address:	City:	State:	Zip:
Duties:		Reason for Leaving:	May We Contact? ☐ Yes ☐ No

Client Name/Employer:	From: (Month/Year)	Phone: ( )	Office Use Only ☐ Verified Initials: _____
Job Title:	To: (Month/Year)		
Address:	City:	State:	Zip:
Duties:		Reason for Leaving:	May We Contact? ☐ Yes ☐ No

6. Are you willing to work for? ☐ Adults ☐ Children ☐ Couples ☐ Men ☐ Women ☐ Both ☐ Other

7. Are you willing to work with clients who may have the following:

Developmentally Disabled ..... ☐ Yes ☐ No
Infectious Disease ..... ☐ Yes ☐ No
Mental Illness ..... ☐ Yes ☐ No
Terminal Illness ..... ☐ Yes ☐ No

8. Please select the tasks you are willing to assist with in a client's home.
(Note: Clients may need assistance with tasks you did not select below. The more tasks you are willing to do, the more it will increase the frequency of your name to be referred out to clients.)

☐ Domestic Services/Light Cleaning
☐ Preparation of Meals
☐ Meal Clean-Up
☐ Routine Laundry
☐ Shopping for Food
☐ Heavy Cleaning (only if authorized)
☐ Other Shopping & Errands
☐ Accompaniment to Medical Appt
☐ Accompaniment to Alternate Resources
☐ Remove Grass/Weeds/Rubbish
☐ Remove Ice/Snow
☐ Protective Supervision
☐ Teaching and Demonstration
☐ Paramedical Services (assist with medications, insulin, enemas, etc.
☐ Respiration (oxygen)
☐ Bowel and Bladder Care
☐ Feeding
☐ Routine Bed Baths
☐ Menstrual Care
☐ Ambulation (walking, moving from place to place)
☐ Moving In/Out of Bed
☐ Bathing/Oral Hygiene/Grooming
☐ Rubbing Skin/Repositioning
☐ Care & Assistance with Prosthesis
☐ Set Up, Remind Meds
☐ Dressing

9. Desired hours per week: ☐ 10 hours or less/week ☐ 10-25 hours/week ☐ 25 hours or more/week

10. Are you willing to work "On Call" including temporary/emergency assignments?
(Available to work within an hour of being called by Public Authority?) ☐ Yes ☐ No**
****By marking "Yes" you will be placed on the Back-Up Provider System (BUPS) list.**

11. Days and hours desired – Please ✓ check the days and times you are available:

Mornings (6 a.m. – 12 noon)	☐ Mon	☐ Tues	☐ Wed	☐ Thur	☐ Fri	☐ Sat	☐ Sun
Afternoons (1 p.m. – 5 p.m.)	☐ Mon	☐ Tues	☐ Wed	☐ Thur	☐ Fri	☐ Sat	☐ Sun
Evenings (6 p.m. – 12 midnight)	☐ Mon	☐ Tues	☐ Wed	☐ Thur	☐ Fri	☐ Sat	☐ Sun
Overnight (1.a.m – 6 a.m.)	☐ Mon	☐ Tues	☐ Wed	☐ Thur	☐ Fri	☐ Sat	☐ Sun

12. Geographic Preference: Please only select cities you are interested to work in (please consider driving distance).

☐ **Adelanto**
☐ **El Mirage**
☐ **Palmdale**
☐ **Cajon Junction**

☐ **Apple Valley**

☐ **Barstow**
☐ **Baker**
☐ **Hinkley**
☐ **Yermo**
☐ **Lenwood**
☐ **Fort Irwin'**

☐ **Big Bear City**
☐ **Sugarloaf Mtn**
☐ **Fawnskin**
☐ **Big Bear Lake**

☐ **Big River**
☐ **Earp**
☐ **Parker Dam**
☐ **Vidal Junction**

☐ **Chino**
☐ **Chino Hills**
☐ **Pomona**

☐ **Colton**
☐ **Bryn Mawr**
☐ **Grand Terrace**
☐ **Loma Linda**

☐ **Crestline**
☐ **Cedar Pines Lake**
☐ **Lake Gregory Village**
☐ **Twin Peaks**
☐ **Rimforest**
☐ **Valley of Enchantment**
☐ **Crestpark**

☐ **Devore**
☐ **Lytle Creek**

☐ **Fontana**
☐ **Bloomington**
☐ **Rialto**

☐ **Forest Falls**
☐ **Angelus Oaks**
☐ **Oak Glen**

☐ **Helendale**
☐ **Silver Lakes**
☐ **Oro Grande**

☐ **Hesperia**
☐ **Oak Hills**

☐ **Lake Arrowhead**
☐ **Arrowbear**
☐ **Cedar Glen**
☐ **Green Valley Lake**
☐ **Running Sprints**
☐ **Blue Jay**

☐ **Landers**
☐ **Johnson Valley**

☐ **Lucerne Valley**

☐ **Needles**
☐ **Havasu Lake**

☐ **Newberry Springs**
☐ **Ludlow**
☐ **Nipton**

☐ **Ontario**
☐ **Guasti**
☐ **Montclair**

☐ **Phelan**
☐ **Baldy Mesa**
☐ **Pinon Hills**

☐ **Rancho Cucamonga**
☐ **Alta Loma**
☐ **Etiwanda**

☐ **Redlands**
☐ **Mentone**
☐ **Crafton**

☐ **San Bernardino**
☐ **Highland**

☐ **Trona**
☐ **Kramer**
☐ **Red Mountain**

☐ **Upland**
☐ **Mt. Baldy**
☐ **San Antonio Heights**

☐ **Victorville**
☐ **Desert Knolls**
☐ **Spring Valley Lake**

☐ **Wrightwood**

☐ **Yucaipa**

☐ **Yucca Valley**
☐ **Joshua Tree**
☐ **Morongo Valley**
☐ **Twentynine Palms**
☐ **Wonder Valley**

13. Please answer the following questions:

OTHER RELEVANT INFORMATION:

a. **Do you smoke?** ☐ Yes ☐ No
b. **If yes, ae you willing to smoke outside?** ☐ Yes ☐ No
c. **Will you work for a smoker?** ☐ Yes ☐ No
d. **Are you willing to work for a client that has pets?** ☐ Yes ☐ No
e. **Do you have any allergies and/or issues that would affect your ability to work with someone that has: (If yes, please check all that apply)**
☐ Dogs ☐ Cats ☐ Perfume ☐ Cigarettes ☐ Other _____

PROVIDER REFERENCES:

f. **Are you willing to use your car on the job?** ☐ Yes ☐ No
g. **Do you have a valid Driver's License?** ☐ Yes ☐ No
h. **Are you willing to drive a client's car?** ☐ Yes ☐ No
i. **Do you rely on public transportation?** ☐ Yes ☐ No
j. **Have you ever been convicted of a felony or misdemeanor?** ☐ Yes ☐ No
If yes, list date(s) and conviction(s) _____
k. **Have you been fingerprinted for IHSS?** ☐ Yes ☐ No
l. **Did you clear the IHSS background check?** ☐ Yes ☐ No

14. TRAINING AND CERTIFICATION: (Currently not Mandatory)
Please check if you have had training in this area.

Certified Training:	Completed	Exp. Date
☐ First Aid	_____	_____
☐ CPR (cardiopulmonary resuscitation)	_____	_____
☐ CHH (certified home health aide)	_____	_____
☐ CNA (certified nursing assistant)	_____	_____

15. The IHSS Client is the Employer.
The Public Authority Registry is here to assist IHSS clients in selecting potential providers. We supply clients with names of pre-screened providers who are available to work.

Do you understand that the Registry does not have or make job offers for the clients? ☐ Yes ☐ No

Do you understand that the IHSS client is the employer and makes the decision to hire or terminate a provider's employment, as they desire for any reason? ☐ Yes ☐ No

Do you understand that an IHSS client may request that you do not smoke, wear perfumes, *or* may make reasonable requests regarding your personal appearance/hygiene? ☐ Yes ☐ No

16. How did you hear about the Public Authority?
☐ BOUNDS (Provider Enrollment System) ☐ Radio ☐ Job Fair ☐ Newspaper ☐ Mailer ☐ Social Media
☐ Flyer ☐ Billboard ☐ Website ☐ Friend ☐ In-Person Orientation ☐ Other _____

I certify that all information on this form is true to the best of my knowledge. I understand that any misrepresentation of information on this form may eliminate me from consideration in the registry. I give the IHSS Public Authority Registry permission to share my contact information in my file with its clients.

Signature _____ **Date** _____

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RELEASE OF INFORMATION/WAIVER FORM

To Whom It May Concern:

I, **(Print Name)** _____ hereby authorize any representative of the San Bernardino County IHSS Public Authority bearing this release (or a copy of it) to contact any and all references on my application, including personal references, and obtain any information you may have, written or
otherwise pertaining to my employment, or personal history, including but not limited to, any and all records and information pertaining to my performance, attendance, investigation, discipline and other personnel matters, criminal history and other personal history. I hereby request and authorize you to release any and all such information to the Public Authority. I also authorize the Public Authority to release any such information to third parties in the course of its operations.

I have listed below all names that I have used during the course of my employment. This authorization and release applies to any and all information that you may have concerning me using any of those names I have listed below.

This authorization and release is executed with full knowledge and understanding that the information to be released is for the official use of the San Bernardino County IHSS Public Authority.

I hereby release and hold harmless the **Public Authority** and **you**, and each of you, and your respective officers, agents, employees and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, successors, assigns, or associates because of your compliance with this authorization and request to release information, or any attempt to comply with it, and/or because of the Public Authority's use of such information for any purpose related to its operations.

Should there be any questions as to the validity of this authorization and release, you may contact me.

_____ _____

Signature Date