In-Home Supportive Services/Public Authority
Provider Application Instructions

1. Complete *ALL* areas of Independent Provider (IP) application.

2. Return completed application to:

Placer County Public Authority
11512 B Avenue
Auburn, CA 95603

3. Complete Live Scan Request Form. Complete **ONLY** the "Applicant Information" section. This form is necessary for your fingerprint and background clearance.

a. Choose the Live Scan facility of your choice – either from the facilities provided (attached) or any CERTIFIED Live Scan facility. You ***MUST BRING THE LIVE SCAN FORM WITH YOU TO THE LIVE SCAN FACILITY.*** The code number on the form is very important as it tells the Department of Justice (DOJ) where to send your results.

b. You must pay your own Live Scan and background fees.

c. Once you have completed your Live Scan, send a copy of the completed Live Scan form to the Public Authority and keep a copy and the receipt for your own records.

d. **Once the Public Authority receives your Live Scan results stating that you have cleared your fingerprint and background check we will contact you to schedule the Provider Orientation.** ***It is not necessary for you to contact this office regarding your results.*** **Please be advised that this process could take a while**.

4. Upon completion of the Provider Orientation we will check your work and personal references. Once we have completed checking your references we will contact you again to schedule a "one-on-one" interview.

5. After completing the one-on-one interview your information will be entered into our Public Authority database. Providing there are no pending issues, we will then send you a letter informing you that you are now listed with the Public Authority Registry.

Placer County In-Home Supportive Services

PUBLIC AUTHORITY

11512 B Avenue, Auburn, CA 95603
(530) 886-3680

Revised 2/2012

Independent Provider (IP) Application
(PLEASE COMPLETE IN BLUE OR BLACK INK ONLY)

First Name:	
Middle Initial:	
Last Name:	Maiden or other:
Home Phone and Area Code:	
Cell Phone and Area Code:	
Message Phone and Area Code:	
Mailing Address:	Physical Address:
City:	State: Zip:
Social Security Number:	
Date of Birth:	
☐ Male ☐ Female	
Drivers License Number:	Expiration Date:
California ID Number:	Expiration Date:
Proof of Auto Insurance ☐ Yes ☐ No	
Emergency Contact Name:	Relationship:
Emergency Contact Phone Number with area code:	

Days and Hours of Availability (Check all that apply)

Mornings:	☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun
Afternoons:	☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun
Evenings:	☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun
Number of hours per week you would like to work?	

Give short-term respite?	☐ Yes ☐ No	Client preference?	☐ Female ☐ Male ☐ Either
Do you smoke?	☐ Yes ☐ No	Drive client car?	☐ Yes ☐ No
Form of transportation?	☐ Bus ☐ Car	Will you work?	☐ Holidays ☐ Overnight ☐ On-call ☐ 1-2 hrs
Read/Write English?	☐ Yes ☐ No	Will you work for a consumer with pets?	☐ Yes ☐ No
Will you work for a smoker?	☐ Yes ☐ No		

Geographic Preference

☐ Alpine Meadows	☐ Cisco Grove	☐ Granite Bay	☐ Moorpark	☐ Roseville
☐ Alta	☐ Clipper Gap	☐ Homewood	☐ Newcastle	☐ Sheridan
☐ Applegate	☐ Colfax	☐ Iowa Hill	☐ Norden	☐ Squaw Valley
☐ Auburn	☐ Dutch Flat	☐ Kings Beach	☐ Northstar	☐ Tahoe City
☐ Baxter	☐ Elverta	☐ Lincoln	☐ Olympic Valley	☐ Tahoma
☐ Blue Canyon	☐ Emigrant Gap	☐ Loomis	☐ Ophir	☐ Weimar
☐ Bowman	☐ Foresthill	☐ Meadow Vista	☐ Penryn	
☐ Carnelian Bay	☐ Gold Run	☐ Michigan Bluff	☐ Rocklin	

Type of Work Desired

☐ Domestic Services	☐ Menstrual Care
☐ Preparation of Meals	☐ Ambulation
☐ Meal Clean Up	☐ Moving In/Out of Bed
☐ Routine Laundry	☐ Bathing, Oral Hygiene, Grooming
☐ Shopping for Food	☐ Rubbing Skin - Repositioning
☐ Other Shopping & Errands	☐ Care & Assistance with Prosthesis **
☐ Heavy Cleaning	☐ Accompaniment to Medical Appointments
☐ Respiration	☐ Accompaniment to Alt. Resources
☐ Bowel & Bladder Care	☐ Protective Supervision
☐ Feeding	☐ Paramedical Services
☐ Routine Bed Baths	☐ Hoyer Lift
☐ Dressing	☐ Slide Board

***** *A prosthesis is anything other than the consumer's natural body, e.g. eyeglasses, dentures, cane, etc.*

Willing to Work With

☐ Children	☐ Elderly	☐ Terminally Ill
☐ Consumers Using Oxygen	☐ Memory Problems	☐ Women
☐ Developmentally Disabled	☐ Men	

<u>YOUR</u> Ethnicity (Optional)

☐ African American	☐ Caucasian	☐ Native American
☐ Asian	☐ Latino	☐ Other

Language(s) <u>YOU SPEAK</u>

☐ American Sign	☐ Farsi	☐ Mandarin	☐ Tagalog
☐ Arabic	☐ French	☐ Portuguese	☐ Ukrainian
☐ Cantonese	☐ Italian	☐ Romanian	☐ Vietnamese
☐ Chinese	☐ Japanese	☐ Russian	☐ OTHER:
☐ English	☐ Korean	☐ Spanish	

Have you ever been convicted of a felony or misdemeanor charge? ☐ Yes ☐ No

If "yes", please list below all convictions since your 18th birthday.

Offense Date	Place of Conviction	Sentence	Release Date
Other facts you would like considered:			

You will be required to complete a *Live Scan Fingerprint Clearance* BEFORE you are accepted on the Registry. The REQUEST FOR LIVE SCAN SERVICE form is attached to this application along with a list of suggested facilities. Complete the REQUEST FOR LIVE SCAN FORM, filling in *only* the "Applicant Information" portion. Take the form with you to the facility of your choice. The facility will give you a copy of the completed Live Scan form for your records. You will need to supply the Public Authority with a copy also.

NOTE: Placer County does NOT pay these fees. Our office will be informed of the results of your Live Scan. You will be notified by the Public Authority when this process is complete.

Have you attended a Placer County IHSS Provider Orientation in the last six months?
☐ Yes ☐ No
Have you viewed the State required video at one of our orientations? ☐ Yes ☐ No

List any training you have had related to In-Home care:

Certificates or Licenses you possess:

☐ First Aid	Expires:
☐ CPR	Expires:
☐ C.N.A.	Expires:
☐ CHHA	Expires:
☐ Other	Expires:
☐ Other	Expires:
☐ Other	Expires:

Have you had previous experience providing In-Home care? Yes ☐ No ☐

Are you currently working as an IHSS Provider? Yes ☐ No ☐

Have you graduated high school or passed the high school equivalency test? Yes ☐ No ☐

THE FOLLOWING SECTION MUST BE COMPLETED EVEN IF ATTACHING A RESUME.

Please provide 3 WORK REFERENCES– Begin with most *recent* job (Please DO NOT use relatives)

FROM TO	JOB TITLE:		EMPLOYER:
TOTAL: YR. MO.	CONTACT PERSON & AREA CODE & **PHONE NUMBER**:		ADDRESS:
	HOURS PER WEEK:	REASON FOR LEAVING:	
DUTIES:			

FROM TO	JOB TITLE:		EMPLOYER:
TOTAL: YR. MO.	CONTACT PERSON & AREA CODE & **PHONE NUMBER**:		ADDRESS:
	HOURS PER WEEK:	REASON FOR LEAVING:	
DUTIES:			

FROM TO	JOB TITLE:		EMPLOYER:
TOTAL: YR. MO.	CONTACT PERSON & AREA CODE & **PHONE NUMBER**:		ADDRESS:
	HOURS PER WEEK:	REASON FOR LEAVING:	
DUTIES:			

Personal References –TWO ARE REQUIRED (Please DO NOT use relatives):

NAME:	PHONE NUMBER	YEARS ACQUAINTED:
	RELATIONSHIP:	ADDRESS:
NAME:	PHONE NUMBER	YEARS ACQUAINTED
	RELATIONSHIP	ADDRESS:

I authorize the Public Authority to verify any information contained in this application. ☐ Yes ☐ No

(A "no" answer to this question will automatically exclude you from acceptance to the Registry.)

I hereby certify that all statements made in connection with this application are complete and true to the best of my knowledge.

_____ _____

Signature of Applicant Date

PLEASE REVIEW YOUR APPLICATION BEFORE MAILING, IF ANY INFORMATION IS MISSING YOUR APPLICATION WILL BE RETURNED.

Placer County
IHSS Public Authority Registry

IHSS Provider Applicant
Release of Information Consent Form

I _____ give permission for the Placer County IHSS Public Authority to obtain information regarding my prior work history. I understand this release of information is valid for 90 days from the date indicated below.

_____ _____
Signature Date

STATE OF CALIFORNIA
BCII 8016
(orig. 4/01; rev. 6/09)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AA062
ORI (Code assigned by DOJ)

Elder Care
Authorized Applicant Type

IHSS Provider
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Placer County IHSS Public Authority c/o Risk Management
Agency Authorized to Receive Criminal Record Information

11476
Mail Code (five-digit code assigned by DOJ)

145 Fulweiler Avenue Ste. 100
Street Address or P.O. Box

Sharyl Stannard
Contact Name (mandatory for all school submissions)

Auburn — City
CA — State
95603 — ZIP Code

(530) 886-2600
Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name (AKA or Alias) Last

First

Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

ORIGINAL - Live Scan Operator SECOND COPY - Applicant THIRD COPY (if needed) - Requesting Agency

PLACER COUNTY LIVE-SCAN FACILITIES

Location	Hours	Rolling Fee	DOJ Fee	Acceptable Forms of Payment
Auburn – Mail and More (Bel-Air Center) 2280 Grass Valley Highway (530) 888-8612	**M-F 9am- 5pm**	**$20.00**	**$32.00**	• **Cash** • **Check** • **Credit Cards**
Auburn – Auburn Police Department 1215 Lincoln Way Auburn (530) 823-4237	**<u>WLK-IN OK</u> Tuesday, Thursday, Friday 1pm-4:30pm Monday 11am-2 pm**	**$15.00**	**$32.00**	• **Cash** • **Check** • **Cashier's check**
Auburn- Placer County Sheriff's Dept. 2929 Richardson Drive Auburn (530)889-7800	***<u>APPT. ONLY</u>* Monday, Wednesday, and every other Friday from 8:30am- 3:30pm**	**$20.00**	**$32.00**	• **Cash** • **Check** • **Cashier's check** • **Money Order**
Auburn – UPS Store 2945 Bell Road Auburn (530) 823-2422	**Monday – Friday 8am-6pm Saturday 10am – 4pm**	**$25.00**	**$32.00**	• **Cash** • **Credit Cards**

Revised 6/2012

PLACER COUNTY LIVE-SCAN FACILITIES

Location	Hours	Rolling Fee	DOJ Fee	Acceptable Forms of Payment
Loomis- Placer County Sheriff's Dept. 6140 Horseshoe Bar Road Suite D (916) 652-2400	***APPT. ONLY*** **Monday 8am -4:30pm Tues, Wed, Thurs 8am-3pm**	**$20.00**	**$32.00**	• **Cash** • **Checks**
Rocklin - #2 Capital Live Scan 5175 Meyers Street, Rocklin (916) 604-6919	**Monday – Friday Walk in between 9am – 4pm**	**$10.00**	**$32.00**	• **Cash** • **Credit cards**
Rocklin – 5 Star Fingerprinting 6721 Five Star Blvd Suite #B Rocklin (916)630-7827	**Monday – Saturday appointment - same day appointments**	**$15.00**	**$32.00**	• **Cash** • **Cashier's check** • **Check** • **Money order**
Rocklin – Rocklin Police Dept. 4080 Rocklin Rd. Rocklin (916)625-5400	**Monday-Friday 9-4:30pm by appointment only**	**$15.00**	**$32.00**	• **Cash** • **Check** • **Debit Cards** ***DO NOT EXCEPT: American Express or Discover card**
Rocklin – Sunset Notary Services inside Roseville Police Department 1051 Junction Blvd. Roseville 95678	**M-F 8:30-6:30 Sat 9am-5pm Walk-in**	**$20.00**	**$32.00**	• **Cash** • **Checks**
Tahoe City – Placer County Sheriff's Dept. 2501 North Lake Blvd. Tahoe City 96145 (530) 581-6300	**Call first for appointment**	**$20.00**	**$32.00**	• **Cash** • **Check**

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