

Dear Provider,

Thank you for your interest in the Placer County Provider Registry. We appreciate the time that you have taken to apply to be listed on the Registry in Placer County.

- Pay rate for up to 40 hours a week is \$12/hour
- Overtime pay rate (anything over 40 hours a week) is \$18.00/hour

To be listed, all applicants must:

- Complete all areas of Independent Provider (IP) Registry Application.
- Have completed references portion of the Registry application. The Registry must be able to contact and verify references within two to three weeks of the date of application.
- Provide valid work authorization documents (California ID, Social Security Card, Department of Homeland Security documents, etc.).
- Return completed application to _____ nearest location:

Placer County Public Authority
11512 B Ave.
Auburn, CA 95603

Placer County Public Authority
101 Cirby Hills Rd.
Roseville, CA 95678

Application may be emailed to publicauthority@placer.ca.gov

- Once we have received your completed application, we will contact you to schedule your Registry interview.
- Be reliable - Workers must do what they say they'll do - like show up on time, with required documents, when scheduled, willing and able to do the work that was agreed to.
- Be respectful - Workers must behave in a professional way with the Registry, Consumers, and others.
- Be capable - Workers must be able to demonstrate that s/he can do the work that needs to be done - like lifting, cooking, cleaning, or other specialized tasks.
- Attend (arrive on-time) and pass a Registry interview.

- If you pass the Registry Interview, your Social Security is verified, and your Background clears, 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.

Those that do not meet the above criteria during the application process and while employed **may** be excluded from or removed from the registry.

Please note that you do not need to be listed on the Registry to be employed by an IHSS or Private Pay consumer. Any person with authorized IHSS hours or paying for services out of his/her own pocket may hire any worker of their choice.

Sincerely,

Public Authority Registry Staff



PLACER COUNTY IN-HOME SUPPORTIVE SERVICES

PUBLIC AUTHORITY

11512 B Avenue, Auburn, CA 95603

(530) 889-7115

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

First Name:		
Middle Initial:		
Last Name:		Maiden or other:
CELL Phone and Area Code:		(phone number will be given to
HOME Phone and Area Code:		potential clients)
Message Phone and Area Code:		
Mailing Address:		Physical Address:
City:	State:	Zip:
Social Security Number:		
Date of Birth:		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Nationality:
Driver's License Number:		Expiration Date:
California ID Number:		Expiration Date:
Email Address:		
Emergency Contact:		Relationship:
Emergency Contact Phone Number with Area Code:		

Preferences

Type of recipient you are willing to work with (check all that apply)

<input type="checkbox"/>	Adult
<input type="checkbox"/>	Child
<input type="checkbox"/>	Hospice
<input type="checkbox"/>	Smoking in home
<input type="checkbox"/>	Smoking Outside Only

Client preference? **Male** **Female** **No Preference**

OK with animals? **Cats** **Dogs** **Birds (caged)** **Reptiles (caged)**

Languages YOU speak: _____

Provider (you) can meet these needs (check all that apply)

	Car/Vehicle
	Smoker but not at work
	Non-Smoker
	Scheduling Needs: Holidays
	Scheduling Needs: Live-In Assignment
	Scheduling Needs: On Call
	Scheduling Needs: Short-Term Respite Assignment
	Transfers: Using Medical Equipment

Services you are willing to perform (check all that apply)

<input type="checkbox"/> Domestic Services	<input type="checkbox"/> Transfer
<input type="checkbox"/> Preparation of Meals	<input type="checkbox"/> Bathing, Oral Hygiene and Grooming
<input type="checkbox"/> Meal Clean Up	<input type="checkbox"/> Rubbing skin – Repositioning
<input type="checkbox"/> Routine Laundry	<input type="checkbox"/> Care & Assistance with Prosthesis**
<input type="checkbox"/> Shopping for Food	<input type="checkbox"/> Accompaniment to Medical Appointments
<input type="checkbox"/> Other Shopping and Errands	<input type="checkbox"/> Accompaniment to Alt. Resources
<input type="checkbox"/> Respiration	<input type="checkbox"/> Protective Supervision
<input type="checkbox"/> Bowel & Bladder Care	<input type="checkbox"/> Paramedical Services
<input type="checkbox"/> Feeding	<input type="checkbox"/> Heavy Cleaning
<input type="checkbox"/> Routine Bed Baths	<input type="checkbox"/> Yard Hazard Abatement
<input type="checkbox"/> Dressing	<input type="checkbox"/> Removal of Snow / Ice
<input type="checkbox"/> Menstrual Care	<input type="checkbox"/> Teaching & Demonstration
<input type="checkbox"/> Ambulation (assistance with moving)	

Days and Hours of Availability (Check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6am-8am:							
8am-10am:							
10am-12pm:							
12pm-1pm							
1pm – 3pm:							
3pm-5pm:							
5pm – 7pm:							
7pm – 9pm:							
9pm – 11pm:							
11pm – 1am							
12am – 8am:							

Number of hours per week you would like to work? _____

Locations you are willing to work in? (Check all that apply)

Tahoe Area	Loomis -> Colfax
<input type="checkbox"/> Alpine Meadows	<input type="checkbox"/> Applegate
<input type="checkbox"/> Carnelian Bay	<input type="checkbox"/> Auburn
<input type="checkbox"/> Homewood	<input type="checkbox"/> Bowman
<input type="checkbox"/> Kings Beach	<input type="checkbox"/> Clipper Gap
<input type="checkbox"/> Norden	<input type="checkbox"/> Colfax
<input type="checkbox"/> Northstar	<input type="checkbox"/> Foresthill
<input type="checkbox"/> Olympic Valley	<input type="checkbox"/> Heather Glen
<input type="checkbox"/> Squaw Valley	<input type="checkbox"/> Iowa Hill
<input type="checkbox"/> Tahoe City	<input type="checkbox"/> Loomis
<input type="checkbox"/> Tahoe Vista	<input type="checkbox"/> Meadow Vista
<input type="checkbox"/> Tahoma	<input type="checkbox"/> Michigan Bluff
<input type="checkbox"/> Truckee	<input type="checkbox"/> Newcastle
Colfax -> East	<input type="checkbox"/> Ophir
<input type="checkbox"/> Alta	<input type="checkbox"/> Penryn
<input type="checkbox"/> Baxter	<input type="checkbox"/> Weimar
<input type="checkbox"/> Blue Canyon	South Placer
<input type="checkbox"/> Cisco Grove	<input type="checkbox"/> Elverta
<input type="checkbox"/> Dutch Flat	<input type="checkbox"/> Granite Bay
<input type="checkbox"/> Emigrant Gap	<input type="checkbox"/> Lincoln
<input type="checkbox"/> Gold Run	<input type="checkbox"/> Rocklin
	<input type="checkbox"/> Roseville
	<input type="checkbox"/> Sheridan

You will be required to complete and pass a *Live Scan* (background check) *Fingerprint Clearance* BEFORE you are accepted on the Registry. This form will be available and explained at orientation.

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

Certificates or Licenses you possess:

<input type="checkbox"/> First Aid	Expires:
<input type="checkbox"/> CPR	Expires:
<input type="checkbox"/> C.N.A.	Expires:

Have you had previous experience providing In-Home care?

Yes If yes, how many years? _____ No

Are you currently working as an IHSS provider? Yes No

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

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

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

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

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

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 of Applicant

Date