

San Joaquin Cares...



IHSS Public Authority

Dear Applicant,

Thank you for your interest in applying for the In-Home Supportive Services Public Authority Provider Registry. This is not a job application. If you are accepted to the Registry, we will refer you to IHSS Recipients based on your availability and how your application matches the clients' needs. The clients will make all interviewing and hiring decisions. There is no guarantee of referrals to IHSS Recipients, to interviews, or to hiring.

Included in this application packet are:

1. The application.

The three reference questionnaires to be completed by your references (2 personals and 1 employment). You must have your references complete their questionnaire. **Do not use relatives as your references. Employment reference needs to be completed by either HR, Manager or Supervisor of where you work/worked.**

2. Applications must be complete and include 3 completed reference questionnaires. Please submit your completed application packet by email or fax.

**nlinsenbigler@sjgov.org
209-944-8913**

Applicants accepted for the Registry are required to pass a background check to meet the requirements set in Federal, State, and local laws to become an in-home care provider for IHSS.

You will be notified of your application status by email within approximately 10 business days after the Public Authority receives your application.

***If you already have an IHSS Recipient who would like to hire you as their provider you do not need to fill out this application.*

IHSS Public Authority 1-800-491-1996

**In-Home Supportive Services
IHSS Public Authority
San Joaquin County**

Mission Statement

To enhance availability of resources, ensure safety, and promote quality service for In-Home Supportive Services consumers.

Values Statement

The recipient should be able, to the greatest extent possible:

- Make decisions concerning the services they receive
- Have assistance in locating IHSS providers
- Have access to emergency resources
- Have access to training and learning tools to improve interpersonal skills with IHSS providers
- Have providers who are available, trustworthy, and reliable to meet the service needs of the recipient.

Important Phone Numbers:

Public Authority Registry

1 (800) 491-1996

Adult Protective Services

1 (888) 800-4800

IHSS General Information

(209) 468-2202

IHSS Payroll

(209) 468-1706

SEIU-2015

(855) 810-2015

San Joaquin County

IHSS Public Authority

24 S. Hunter St. Room 5

Stockton, CA 95202

1 (800) 491-1996

Fax (209) 944-8913

Registry Services

**IHSS Public
Authority**

San Joaquin **C**ores...



IHSS Public Authority

In-Home Supportive Services Public Authority

The IHSS Public Authority was established by local ordinance 4147 in 2002 by the San Joaquin County Board of Supervisors.

The IHSS Public Authority is a local government agency created to improve the delivery of services to IHSS recipients and Homecare providers.

In January 2003, the Public Authority officially opened for business and in May 2003, the Public Authority Registry was created. The Registry's main goal is to assist recipients in finding homecare providers so that they may live safely at home. All Registry services are provided in accordance with the Individual Provider (IP) mode, which guarantees the IHSS recipient's right to hire, supervise, train, and when necessary, fire the homecare provider.

The IHSS Public Authority is responsible for specific tasks to enhance services to providers and recipients of In-Home Supportive Services in San Joaquin County.

What Does the IHSS Public Authority Do?

- Operates a registry of available IHSS independent homecare providers
- Performs reference and background checks
- Provides lists of screened providers to recipients to interview
- Helps IHSS recipients conduct interviews to choose a provider
- Provides a training orientation for new IHSS providers
- Offers information and training for IHSS recipients on how to hire and supervise providers
- Provides information to IHSS providers on local training programs in health care professions
- Assists both recipients and providers in resolving conflicts
- Serves as employer of record for all independent IHSS providers for collective bargaining purposes

What is IHSS?

The IHSS Program helps low income elderly, blind and disabled individuals remain in their own homes when they are not able to fully care for themselves.

The program pays for a wide variety of services: household chores and personal care—enabling the recipient to live safely in their own home while encouraging self-reliance and independence. IHSS assists in helping recipients remain at home to prevent or delay using out of home care facilities.

Who is a Recipient?

An IHSS recipient is a qualified eligible aged, blind, or disabled person who is unable to live safely at home without assistance. A recipient is also referred to as a consumer or client.

Who is a Provider?

A care provider is a person who provides personal and domestic services to IHSS eligible recipients. A provider is also referred to as a Caregiver.

For more information on eligibility call the San Joaquin County Human Services Agency at (209) 468-2202 to speak with an IHSS Cover Worker.



IHSS Public Authority Registry Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Provider No.: _____ E-Mail Address: _____

Phone: _____ Home Cell Language(s): _____

Date of Birth: _____ Gender: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you now caring for an IHSS recipient or an IHSS applicant? YES NO If yes, who? _____

Have you ever cared for an IHSS recipient or applicant? YES NO If yes, who? _____

Education

High School: Yes No Grade Complete: _____

College: Yes No Major: _____ Degree: _____

Vocational: Yes No Cause of Study: _____

Certificates

I have a Certificate in:	Expiration Date
<input type="checkbox"/> First Aid	____/____/____
<input type="checkbox"/> CPR	____/____/____
<input type="checkbox"/> CNA (Certified Nursing Assistant)	____/____/____
<input type="checkbox"/> CHHA (Certified Home Health Aid)	____/____/____
<input type="checkbox"/> HHC (Home Health Certification)	____/____/____

Availability

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overnights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas Willing to Work

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> North Stockton | <input type="checkbox"/> West Stockton | <input type="checkbox"/> Tracy |
| <input type="checkbox"/> South Stockton | <input type="checkbox"/> Manteca/Escalon | <input type="checkbox"/> Lodi |
| <input type="checkbox"/> Central Stockton | <input type="checkbox"/> Ripon | <input type="checkbox"/> Linden |
| <input type="checkbox"/> East Stockton | <input type="checkbox"/> Lathrop/French Camp | <input type="checkbox"/> Other: _____ |

Tasks Willing to Perform

Domestic

- Teach and demonstrate** the consumer to perform tasks
- Paramedical services** injections, feeding tube, etc. tasks taught by professional
- Reading**
- Clerical**
- Domestic services** cleaning house
- Preparation of meals**
- Meal clean up** cleaning dishes and food after meal
- Routine laundry** washing/drying clothes, etc.
- Shopping for food**
- Other shopping and errands**
- Heavy cleaning** thorough cleaning (1 time service)
- Accompaniment to medical appointment**
- Accompaniment to alternative resources**
- Protective supervision** of impaired to protect from injury

Personal

- Set up/remind meds**
- Bowel and bladder care** assist with using the restroom
- Routine bed baths**
- Menstrual care** external application only
- Bathing, oral hygiene, grooming**
- Rubbing skin, repositioning** to promote circulation
- Care and assistance with prosthesis** assist with glasses, hearing aid, artificial limb, etc.
- Medications**
- Respiration** assist with and clean breathing machines
- Feeding** assist with eating/drinking
- Dressing** assist with clothes
- Ambulation** assist with walking/moving

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

San Joaquin Cares...



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San Joaquin County IHSS Public Authority

Homecare Provider Registry Application

Certificate of Applicant/Permission to release information

I certify that all the information provided in this application is true. I understand that any false information may eliminate me from enrollment in the Homecare Provider Registry.

I understand that my name and phone number(s) may be placed on a list to be given to persons who are seeking assistance in their homes.

I understand that the information on this questionnaire may also be shared with prospective employers without any further notice.

I understand completing this application and getting placed on the Registry does not guarantee me employment.

I further understand that my employer is not San Joaquin In-Home Supportive Services (IHSS) or the San Joaquin County IHSS Public Authority. The IHSS client is my employer. The San Joaquin County IHSS Public Authority is strictly an "employer of record" for purposes of collective bargaining. I understand that no oral or written agreement may supersede or alter this relationship.

I, _____, authorize all individuals: former employers,
Print Full Your Name

present employer, education institutions, military services, and law enforcement agencies to provide information they may have about me to San Joaquin country IHSS Public Authority.

Signature _____ Date _____

Registry Applicant