



TULARE COUNTY IN HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY

IHSS Provider Registry Application

Thank you for your interest in joining the In Home Supportive Service (IHSS) Provider Registry for Tulare County.

The IHSS Registry is a listing of individuals for referral to IHSS consumers in need of a care provider. Placement of your name on the registry is **NOT** a guarantee that you will get a job. The consumers' decide which providers to hire. The Registry staff may select your name for referral by matching the work times, tasks, and other preferences on your application with the needs of the consumer.

The minimum requirements you must meet to be added to the Registry are listed below:

- Complete the Registry Application form
- Provide a valid and current California Driver License or a Picture ID issued by a State, Federal or local government.
- Provide a valid Social Security Card and proof of eligibility to work in the U.S.
- You must provide at least three valid non-related references; two must be a current or prior employment reference. Reference checks must come back positive.
- You must complete an interview with Registry staff
- You must attend and complete the IHSS Provider Orientation
- You must agree to pass a criminal background check, if requested to do so
- You must indicate in writing whether or not you have been convicted of a crime

You will be notified whether or not your name has been placed on the Registry. The IHSS Registry staff has the right to determine whether to place your name on the Registry based on the above criteria.

Thank you for your interest in the IHSS Provider Registry.

PUBLIC AUTHORITY STAFF USE ONLY

I. INTERVIEW

Date Completed: _____

See Interview Summary for details

II. REFERENCE CHECK:

A. Name of Reference/Organization _____

Comments: _____

B. Name of Reference/Organization _____

Comments: _____

C. Name of Reference/Organization _____

Comments: _____

Worker Name: _____ Date: _____

III. ORIENTATION

Date Completed: _____ Completed By (Worker): _____

PLACED ON REGISTRY: YES _____ NO _____ DATE: _____

Supervisor Approval _____ Date: _____



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This is not an application for employment. Tulare County maintains a referral list of individuals who are interested in providing In-Home care to the elderly and disabled population. If your name is placed on the referral list, your name, along with others, may be given to a client, who will then make a decision on your employment. If you **DO NOT** want your name to be placed on the referral list, please complete Section 1 only. If you **DO** want your name to be placed on the referral list, please complete both Sections I and II. Your request will be reviewed by Public Authority Staff who will determine whether or not your name will be placed on the referral list.

SECTION I

Name:	Social Security Number:	Date of Birth:	
Street Address:	City:	Zip:	Phone:
Mailing Address:(if differ.)	City:	Zip:	
Relative of client? Yes No If Yes, Relationship.	U.S. Citizen or Legal Resident? Yes No If Yes, What?	Ethnic Origin?	Primary Language:

SECTION II – Complete this section only if you wish to have your name placed on the referral list.

1. Have you ever been convicted of a felony? Yes No If Yes, Explain _____

2. Any health problems that limit job duties? Yes No If Yes, Explain _____

3. Primary language: _____ Other languages spoken: _____

4. Do you have reliable transportation? Yes No

5. Days/Hours available to work (check all that apply):

- DAYS NIGHTS WEEKENDS FULLTIME
 AFTERNOON MORNINGS PART-TIME
 LIVE-IN OTHER (SPECIFY): _____

EDUCATIONAL EXPERIENCE/SKILLS:

6. Previous JOB RELATED Experience:

FROM	TO	EMPLOYER NAME, ADDRESS, AND <u>PHONE NUMBER:</u>	DUTIES	REASON FOR LEAVING:	HRS. WORKED

7. Personal References, NON-RELATED:

NAME:	ADDRESS:	ZIP CODE:	PHONE NUMBER:

8. List any Job-related certificates: _____

Additional Coursework: _____

I GIVE PERMISSION FOR THE TULARE COUNTY PUBLIC AUTHORITY STAFF TO CONTACT MY PREVIOUS EMPLOYERS AND MY REFERENCES. I UNDERSTAND THAT AN IHSS RECIPIENT MAY REQUEST A CRIMINAL HISTORY CLEARANCE ON ME PRIOR TO HIRING FOR PURPOSE OF THEIR PROTECTION.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PLEASE ATTACH A COPY OF YOUR SOCIAL SECURITY CARD, A PICTURE I.D., AND PROOF OF ELIGIBILITY TO WORK IN THE U.S.

V. Driving & Access to a Vehicle:

Do you rely on public transportation? Y / N
Are you willing to use your car on the job? Y / N
Are you willing to drive a client's car? Y / N
Liability insurance on your vehicle? Y / N

VI. Training & Certification:

Please check if you have had training in this area. (You must have proof of such certificates.)

Certified Training:	Completed Training		Expiration Date
First Aid	Y	N	_____
CPR (Cardiopulmonary Resuscitation)	Y	N	_____
CHH (Certified Home Health Aide)	Y	N	_____
CNA (Certified Nursing Assistant)	Y	N	_____

VII. Other relevant information:

Do you smoke? Y / N
If yes, will you smoke outside? Y / N
Are you willing to work for a smoker? Y / N

Do you have any allergies (i.e. dogs, cats, perfume, cigarettes) that would affect their ability to work? Y / N

If yes, please explain _____

COUNTY USE ONLY

Comments: _____ Interview Date _____

Worker Date



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Tulare County In Home Supportive Services Release of Information Consent Form

I, _____ give permission for the Tulare County In Home Supportive Services staff to obtain information regarding my prior work history/references. I understand that this release of information is valid for a period of 90 days from the date listed below.

Signature: _____ Date: _____



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CRIMINAL BACKGROUND CHECK REQUEST

FULL NAME: _____ **D.O.B.:** _____

CURRENT PHYSICAL ADDRESS (NO P.O. BOX):

CURRENT PHONE NUMBER: _____ **SOCIAL SEC. #** _____

DATE OF REQUEST: _____ **DATE RECEIVED:** _____

APPROVED: _____ **NOT APPROVED:** _____ **DATE PROCESSED:** _____