Mailing Address
3057 Briw Road, Suite A
Placerville, CA 95667

El Dorado County *Care Provider Registry* Application

General Information

Office Location
3057 Briw Road, Suite A
Placerville, CA 95667

Phone
(530) 621-6287

Please Print

Name _____ (Last) _____ (First) ____ (M.I.)

Mailing Address _____

City, St., Zip _____ CA _____

Physical Address _____

City, St, Zip _____ CA _____

Date of Birth ___/___/___

Social Security # ___-___-___

Drivers License/ID # _____

Telephone: Please indicate if no answering machine

Primary

HOME ( ) - ____

MOBILE ( ) - ____

OTHER _____ ____

Best time to call: _____

Language Skills

I Speak English:

☐ Fluently ☐ Limited ☐ Very Limited
☐ No English ☐ Speak, but do not read

Please check-off other languages spoken:

☐ Am Sign	☐ German	☐ Russian
☐ Arabic	☐ Italian	☐ Spanish
☐ Cantonese	☐ Japanese	☐ Tagalog
☐ French	☐ Korean	☐ Vietnamese
☐ Other:		

_____

Gender ○ Male ○ Female

Ethnicity (Optional) _____

Highest Level of Education Completed:
1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 +

How did you hear/ find out about the *Care Provider Registry*?

_____
_____
_____

Office Use Only

Accepted: _____/_____/_____

Verified by: _____

IHSN 11/05
Revised 10/16

Client Types and Services

(Check all that apply for each section below)

Domestic and Personal Services

I am willing to provide the following services:

- ☐ Domestic Services
- ☐ Meal Clean Up
- ☐ Food Shopping
- ☐ Heavy Cleaning
- ☐ Bowel & Bladder Care
- ☐ Bed Bath
- ☐ Menstrual Care
- ☐ Moving In/Out Bed
- ☐ Rubbing skin, repositioning
- ☐ Accompaniment to Medical Appointments
- ☐ Remove Grass, Weeds or Rubbish
- ☐ Protective Supervision
- ☐ Paramedical Services
- ☐ Meal Preparation
- ☐ Routine Laundry
- ☐ Other Shopping, Errands
- ☐ Respiration
- ☐ Feeding Assistance
- ☐ Dressing
- ☐ Ambulation
- ☐ Bathing, Grooming, Oral Hygiene
- ☐ Prosthesis/Self Medication Assist.
- ☐ Accomp. To Alt. Resources
- ☐ Remove Ice, Snow
- ☐ Teaching & Demonstration

I am willing to work for the following types of client(s):

- ☐ Men
- ☐ Women
- ☐ Children
- ☐ Couples
- ☐ Developmentally Disabled
- ☐ Physically Disabled
- ☐ Alzheimer's/ Other Dementias
- ☐ Mental Illness
- ☐ Blind
- ☐ Deaf

Examples of some tasks:

Domestic Services: Cleaning floors; cleaning kitchen; storing food and supplies, taking out garbage; changing bed linens.

Respiration: Limited to non-medical services such as assistance with self-administration of oxygen and cleaning IPPB machines.

Ambulation: Assisting the recipient with walking or moving from place to place (chair to bed, etc).

Rubbing Skin, Repositioning, Etc: Rubbing of skin to promote circulation, rubbing on lotions, turning in bed and other types of repositioning, assistance on /off seats and wheelchairs, or in/out of vehicles. Provider may supervise range of motion exercises, which have been taught to recipient by qualified physical therapist or nurse (if necessary).

Assistance with Prosthesis: Care of, and assistance with, prosthetic devices and assistance with self-administration of medication (includes reminding recipient to take prescribed and/or over the counter medications at times to be taken, and setting up daily pill-boxes or filling syringes).

Protective Supervision: available for observing the behavior of non-self directing, confused, mentally impaired or mentally ill persons only.

Paramedical Services: Provided under direction of licensed health care professional; administration of medications, inserting medical device into a body orifice.

Work Availability:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mornings	☐	☐	☐	☐	☐	☐	☐
Afternoons	☐	☐	☐	☐	☐	☐	☐
Evenings	☐	☐	☐	☐	☐	☐	☐
Overnights	☐	☐	☐	☐	☐	☐	☐

Hours you can work per week:

10 hours or less ☐
10 to 25 hours ☐
25 to 35 hours ☐
35 or more ☐

Special Availability:

Holidays ☐ Occasional Overnights ☐ 1-2 hour shifts ☐ Live-in Care ☐ On Call ☐ Short Term ☐

Provider Characteristics

Do you smoke?	Yes	☐	No	☐	
Will you work for a smoker	Yes	☐	No	☐	
Form of transportation	Car	☐	Bus	☐	
Drive Client car?	Yes	☐	No	☐	
Use own car for Client transport?	Yes	☐	No	☐	(Reimbursement for gas mileage is to be paid by the client.)
Allergies:	Dogs	☐	Cats	☐	Other:_____
Willing to work if pets in the home?	Yes	☐	No	☐	

Certifications:

☐ First Aid Expires: _____ ☐ CPR Expires: _____

☐ CNA Expires: _____ ☐ CHHA Expires: _____
(Certified Nursing Assistant) (Certified Home Health Aide)

☐ I Have Previous Geriatric Aide Experience (Personal or Professional) or Other Training:

_____

_____

Some of your duties as a caregiver for an In-Home Supportive Service consumer may require you to lift, bend, stretch, and may require your physical endurance. Are there any reasons you would **not** be able to perform duties that require lifting, bending, or stretching? ☐ Yes ☐ No

If yes please explain:_____

_____

☐ I have never been convicted of a felony
☐ I have a felony conviction(s)
Felony conviction date(s): _____
Convictions(s) for what:

_____

_____

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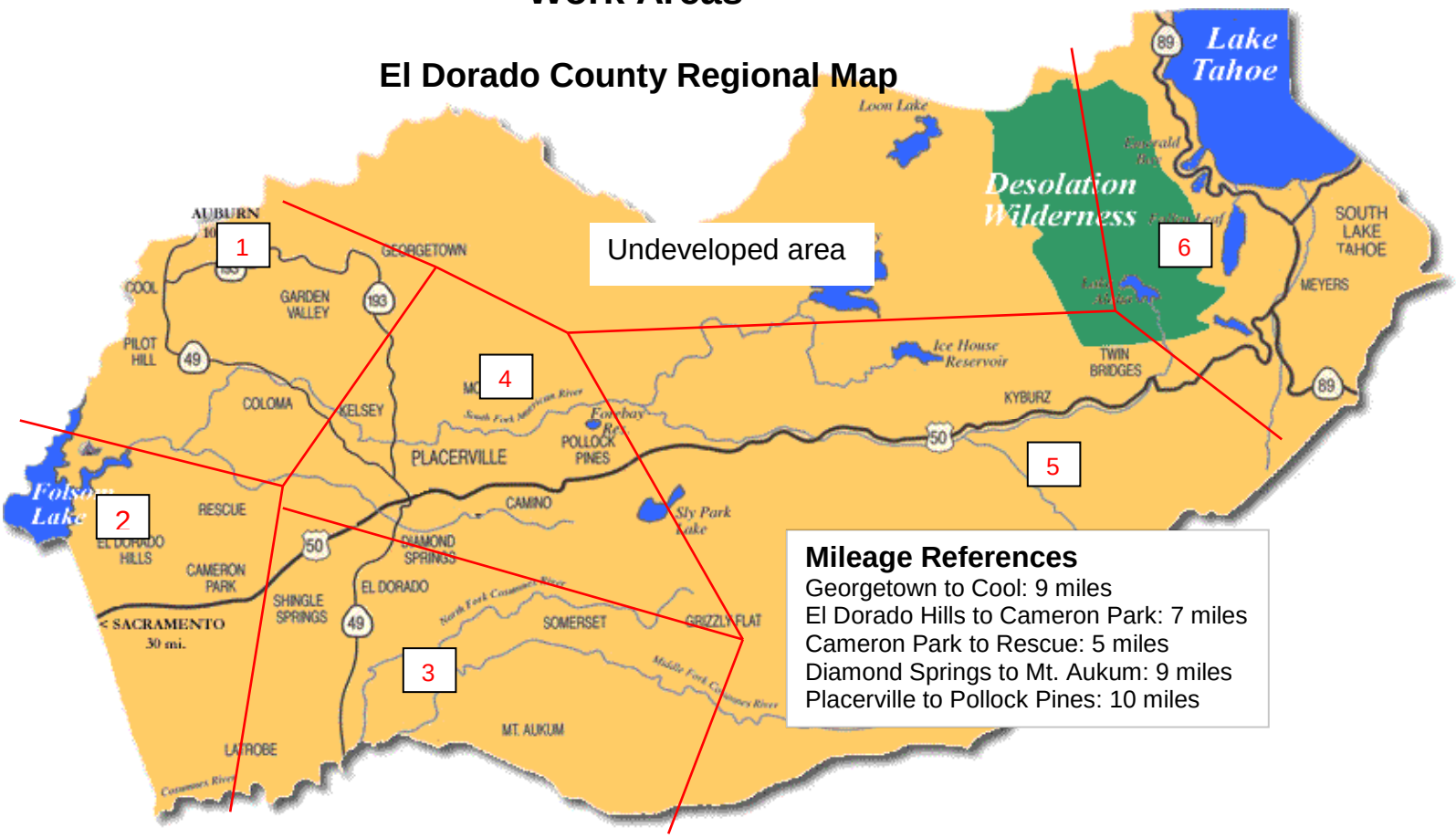
Work Areas

El Dorado County Regional Map



The map above is divided into regions by lines, and each region is assigned a region number inside of a box. After looking at the map, please choose and circle one (or more) region in which you would be willing to work. Remember: your name will be referred to recipients living *anywhere* within the region(s) you choose.

REGION 1: NORTHERN REGION- Includes: Cool, Pilot Hill, Coloma, Lotus, Garden Valley, Greenwood, Georgetown, and Kelsey areas
REGION 2: WESTERN REGION- Includes: Shingle Springs, Rescue, Cameron Park, El Dorado Hills, and Latrobe
REGION 3: SOUTHERN REGION- Includes: Diamond Springs, El Dorado, Pleasant Valley, Somerset, Mt. Aukum, Grizzly Flat, and Fair Play areas
REGION 4: CENTRAL REGION- Includes: Placerville, Camino, Cedar Grove, and Pollock Pines areas
REGION 5: WESTERN SIERRA REGION- Includes: Kyburz, Strawberry and Twin Bridges areas
REGION 6: TAHOE BASIN REGION- Includes: Meyers, South Lake Tahoe and Stateline areas

I will work for IHSS recipients living anywhere in region number: (check region number below)

☐ Region 1: Northern Region
☐ Region 2: Western Region
☐ Region 3: Southern Region
☐ Region 4: Central Region
☐ Region 5: Western Sierra Region
☐ Region 6: Tahoe Basin Region

If you would be willing to work in additional areas *outside* of your region, please fill out below.
I will work for IHSS recipients living anywhere in region # _____, plus those living in the following areas: _____

Further acknowledgement regarding this application to participate on the IHSS Public Authority Registry:

- I certify under penalty of perjury that all the information provided in this application and its related process is true. I understand that any false information may eliminate me from eligibility for participation on the Caregiver-Consumer Registry.

- I understand that my name may be placed on a list to be given to persons who are seeking assistance in their homes, without further notice.

- I understand that the Public Authority retains the exclusive right to list, refer with or without comment, suspend, or remove an individual provider from the *Registry*.

- I understand I must submit fingerprints and undergo a criminal background check conducted by the California Department of Justice.

- I understand I am responsible for paying the cost of fingerprinting and the background check.

- I understand the *Registry* staff will conduct a reference check on me.

- I understand that the information on this questionnaire may also be shared with prospective employers and their advocates without further notice.

- I understand completing this application and being listed on the *Care Provider Registry* **does not guarantee me employment**.

- I understand that my employer is not El Dorado County In-Home Supportive Services (IHSS) or the El Dorado County IHSS Public Authority. **The IHSS consumer is my employer**.

- I further understand that an IHSS consumer (employer) retains the exclusive right to hire, supervise, and terminate my employment with or without notice.

- I understand that I may, by written request, ask that my name be deleted from participation on the *Care Provider Registry*.

Signature: _____ **Date:** _____

IHSS Care Provider Responsibilities

You must accurately and honestly report the time you work. Any false statement you provide, including false entries on the timesheet or withholding of information, may be prosecuted under the federal and/or state laws.

Please read and initial each statement

1. The person you work for (recipient) must sign your IHSS timesheet to verify the hours you have worked. Only person's authorized by the IHSS Social Worker may sign in place of the recipient. You must immediately notify the IHSS Social Worker if someone other than the person you work for signs your timesheet without prior permission from the social worker. Fraud and forgery are crimes punishable under the law._____ ***initial***

2. You must only claim hours you actually worked on your timesheet. You shall only report the hours you spent performing the services authorized by the IHSS Social Worker. You must sign your timesheet to verify the accuracy of your hours claimed. If you claim unauthorized hours, you will not get paid for those hours and you may be guilty of fraud. _____ ***initial***

3. If the recipient for whom you work: leaves the home, is hospitalized, no longer wants your services, or dies, you cannot claim IHSS work hours. If the recipient is going to be absent from the home for more than a couple days for any reason, you must notify the social worker. _____ ***initial***

4. If you cause or permit the recipient for whom you are caring for, or a dependent elderly person, to suffer unjustifiable physical or mental suffering you may be charged with a serious crime. _____ ***initial***

5. As a home care provider, you are a mandated reporter and are required to report any suspected abuse of any person for whom you provide care. If you fail to report suspected abuse, you may be charged with a crime. Reports are confidential under the law. _____ ***initial***

6. If you steal or embezzle from the recipient for whom you are caring for or a dependent elderly person, you can be charged with a felony crime. _____ ***initial***

7. Do not share any private, personal or medical information about recipients, including their names, telephone number or address, with anyone not authorized. Violating a recipient's confidentiality will result in being removed from the Registry and may be punishable by a fine and/or imprisonment. ____***initial***

8. An individual who has been convicted of, or incarcerated following a conviction for abuse of a child, abuse of an elder or dependent adult, fraud against a government health care or supportive services program, or other serious and violent felonies within the past 10 years is not eligible to be an IHSS care provider. ____***initial***

I, _____, certify that I have read and fully understand the above In-Home Supportive Services Provider Responsibilities. I understand that failure to comply with these responsibilities may result in my termination as an In-Home Supportive Services Care Provider for El Dorado County.

Signature:_____ **Date:**_____

Notice and Acknowledgement Regarding Removal of Care Providers from the IHSS Public Authority Registry

This document informs the Registry care provider of possible reasons for removal from the Registry. The IHSS Public Authority Registry can determine the regulations for acceptance and removal of care providers from the Registry and retains the exclusive right to suspend or terminate an individual provider from the Registry. For more information, contact the IHSS Public Authority at 621-6287.

Sufficient Cause for Action: the offenses listed herein is indicative rather than inclusive; removal of a care provider from the Registry may be based on reasons other than those specifically mentioned.

Minor Offenses- the care provider shall be terminated from the Registry after two (2) or more documented valid complaints for the following charges:

- Not showing up for work or a scheduled interview without prior notification
- Not returning IHSS recipient's phone calls or messages when called from a referral list
- Arriving late to work without a valid excuse
- Discourtesy, rudeness or inappropriate behavior toward client or client's representatives (e.g., guardians or conservators), or IHSS Public Authority staff
- Failure to perform IHSS authorized tasks that have been agreed upon with the client
- Poor quality of work, including excessive absences
- Asking client for a cash advance on their IHSS paycheck
- Quitting a Registry client assignment without giving client two weeks notice (without a good reason)

Major Offenses- The care provider shall be terminated from the registry after receiving one (1) valid complaint for any of the following charges:

- Stealing from the client, client's family, or friends (will be reported to APS- Adult Protective Services)
- Any mistreatment or abuse (sexual, physical, verbal, etc.) of the client (will be reported to APS- Adult Protective Services)
- Negligence of client
- Falsely claiming hours on timesheet
- Sharing confidential information about the client with an unauthorized person
- Being intoxicated, being under the influence, or in possession of any illegal substance while on duty
- Quitting or not reporting to work without prior notice to the client, knowing that this action will endanger the health and safety of the client (will be reported to APS- Adult Protective Services)
- Possession of a firearm or other dangerous weapon while at work
- Conviction of a crime which indicates unfitness for the job
- Knowingly putting the client in jeopardy

Care providers who have been terminated from the *Registry* may be required to complete the original application process as well as provide payment for Live Scan and DOJ fees, if they would like to be reinstated as a Registry provider.

Please take note that the IHSS Public Authority staff may report certain actions by the care provider directly to Adult Protective Services, or other authorities, if the client's safety has been violated by law.

I have read and accept the terms set forth in this Notice and Acknowledgment Regarding Removal of Care Providers from the IHSS Public Authority Registry.

Provider Print Name	Provider's Signature	Date