

## **Public Authority Registry**

Thank you for your interest in becoming a Public Authority Registry caregiver. This packet includes all the information you will need to understand what it means to be a Registry caregiver and the steps you will need to complete to be considered for inclusion on the Registry. Please read through this packet and do not hesitate to contact the Public Authority office should you have any questions.

### **What is the Public Authority Registry?**

The Public Authority Registry is a computerized referral list of further approved IHSS caregivers that is available for recipients in need of a caregiver. Both the caregivers and the recipients provide the Registry with a profile of personal information. Based on these profiles, the recipient is provided with a list of caregivers that best match their needs. The role of the Public Authority Registry is not to hire caregivers for recipients but to merely filter out caregivers that would not be able to meet the recipients' needs due to availability, location, care needs or even being a smoker vs. non-smoker. We recognize the tremendous burden it can be for recipients to make calls, set up interviews and hire a caregiver. We also believe that caregivers' time is valuable. Our goal is to make the interactions necessary in finding a caregiver as streamlined and successful as possible for all parties.

### **But I am already an IHSS provider, aren't I already on the Registry?**

Although you may already be an approved IHSS caregiver, you are not automatically included on the Registry. The majority of approved IHSS caregivers are NOT on the Registry. Caregivers that are included on the Registry are required to go through an additional screening process after they become an approved IHSS caregiver. This process includes, completing a Registry application which must include at least one verifiable professional reference and two verifiable personal references. Once a representative from the Public Authority Registry is able to speak with your references, you will be asked to come in for an interview. During the interview your application, experience, profile and knowledge of the IHSS program will be reviewed before you are added to the Registry.

### **Am I guaranteed a caregiver position if I am on the Registry?**

The Registry does not "hire" caregivers. The Registry is a referral service with the goal of connecting recipients with caregivers that are the most likely to be able to meet their needs. As a Registry caregiver these are a few things you can do to increase your job opportunities: 1) be willing to provide a variety of IHSS tasks, 2) be willing to travel to numerous locations in the county, 3) maintain the most up to date profile with the Registry, 4) make monthly contact with Registry staff and 5) attend voluntary training offered by the Public Authority to make your profile more attractive to recipients.

The Registry receives calls on a daily basis from recipients looking for caregivers. The more versatile you are as a caregiver, the more likely your profile will match that of the recipients contacting the Registry.

## **Once I'm on the Registry, what must I do?**

Be sure to answer all calls whenever you are able. Be sure your voicemail is set up and you check it regularly. Promptly return calls when a voicemail is received.

You are expected to always maintain professionalism. These expectations are outlined in the Registry Complaint Policy which will be reviewed and given to you during your interview.

**Contact the Registry a minimum of once a month to check in.** This will ensure your profile is the most up to date and will also demonstrate your eagerness to work. **If you fail to contact the Registry monthly your profile will be put on hold, and you will not be referred out until you make contact.**

Contact the Registry as soon as possible if your contact information or availability changes. This includes advising the Registry when you take a position or when you leave a position as this will change the hours in which you are available.

## **Ok, now what?**

You will need to complete the following steps in order to be considered for the Registry.

1. If you are a current IHSS caregiver or have turned in an IHSS time card within the last year, go to Step 2. If you are not current, you will need to complete the IHSS caregiver enrollment process before proceeding to Step 2. IHSS caregiver enrollment packets can be mailed or emailed to you, by calling the Public Authority at 530.598.6877 or 530.841.2711. Packets are available to pick in person at 2060 Campus Dr., Yreka, CA.
2. Complete the attached IHSS Public Authority Registry Application. Be sure to include:
  - a. A minimum (more is better) of one VERIFIABLE professional reference. This does not have to be a previous caregiver position. You must include names and current contact information for a person that has supervised you in a work setting.
  - b. A minimum (more is better) of two VERIFIABLE personal references. You must include names and current contact information.
    - \* If you have any questions regarding references, please contact the Public Authority office at 530.598.6877 or 530.841.2711. Your application will be returned to you if we are unable to make contact with the references you provide.

- c. The completed IHSS Competency Questionnaire is not a test. It is a tool to ensure your understanding of the program. This will be reviewed at the interview, and you will be provided with clarifications as needed.
3. Return the completed Registry Application to:  
**Public Authority Administrator**  
**818 S. Main St., Yreka, CA** or  
**1107 Ream Ave., Mt. Shasta, CA**
4. You will be contacted to schedule a meeting with Public Authority staff to go over you application, profile and questionnaire.

# Public Authority Registry Application

**Name:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**List any other names used (if applicable)**

\_\_\_\_\_

<b>Social Security #</b>	<b>IHSS Provider #:</b>	<b>Date of Birth</b>	<b>Gender</b>	
_____	_____	_____	<b>M</b>	<b>F</b>

**Phone Number(s)**

Best: \_\_\_\_\_ Other: \_\_\_\_\_

**Physical Address**

Street: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

**Mailing Address**

Street/PO Box #: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

**Days & Hours of Availability (check all that apply). You may change these at any time.**

Mornings	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Afternoons	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Evenings	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Overnight	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Holidays	On Call		1-2 Hours				

**How man hours per week would you like to work?** \_\_\_\_\_

**Other Information:**

Do you smoke?    Yes    No      Will you work with a smoker:    Yes    No

Form of Transportation: \_\_\_\_\_ Will you accept a live in position:    Yes    No

Read/Write English?    Yes    No      Client preference?      Male    Female    Either

Willing to transport clients in your car?    Yes    No

Willing to drive client's car      Yes    No

Willing to work with someone with an infectious disease?    Yes    No

Willing to work around pets?    Yes    No

**County areas you would like to work: (Click all that apply)**

Big Springs	Etna	Hawkinsville	Oak Knoll	Tulelake
Butte Valley	Forks of Salmon	Hornbrook	Oro Fino	Weed
Callahan	Fort Jones	Horse Creek	Quartz Valley	Yreka
Cecilville	Gazelle	Klamath River	Salmon River	
Clear Creek	Greenview	Macdoel	Sawyer's Bar	
Dorris	Grenada	McCloud	Scott Bar	
Dunsmuir	Hamburg	Montague	Seiad Valley	
Edgewood	Happy Camp	Mt. Shasta	Somes Bar	

**Tasks you are willing to do: (Check all that apply)**

Accompaniment to alternative resource	Hoyer lift
Accompaniment to medical resources	Meal clean-up
Ambulation	Menstrual care
Bathing – female	Moving in and out of bed
Bathing – male	Shopping and errands
Grooming/oral hygiene	Paramedical services
Bowel & bladder care	Preparation of meals
Care/assistance with prosthesis/medication	Protective supervision
Assist with oxygen use	Respiration
Housekeeping/domestic services	Routine bed baths
Dressing	Routine laundry
Feeding	Rubbing skin/repositioning
Heavy cleaning	Teaching and demonstration
Help with transfer	

**Willing to work with: (Check all that apply)**

Children	Memory problems
Couples	Men
Developmentally disabled	Mental health issue
Elderly	Terminal illness
Infectious disease	Women

**Your ethnicity (optional):**

African American	Latino	Other _____
Caucasian	Hmong	Other _____
Asian	Native American	Other _____

Languages spoken: \_\_\_\_\_

Primary language: \_\_\_\_\_

**Do you give the Registry permission to conduct a background check?** Yes No  
If you answered “no”, your application for the Public Authority Registry will not be processed.

**Have you been convicted of a Felony or Misdemeanor charge, or been on parole or probation?**

Yes No

If you answered “yes”, list all convictions as of your 18<sup>th</sup> birthday and include the following:

- Offense Date
- Place of Conviction
- Sentence
- Date of release from custody
- Date of Release from probation/parole
- Any facts you would like considered

**If additional space is needed, please attach another page.** A “yes” response **will not** automatically disqualify you from being a caregiver.

**List training you have related to caregiving and provide copies of class completion:**

**How many years of experience do you have in caregiving?** \_\_\_\_\_

**How did you hear about the Registry?**

## References

**You must include current contact information for all references provided. At least one (but more is better) work references and two personal references are required to be considered for the registry. Incomplete reference information will result in your application being returned to you.**

**Please list all work experience. This does not have to be in the field of caregiving but please include any caregiving positions as well. Please complete EVERY field for each work reference you list.**

Company: \_\_\_\_\_ Position: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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 Company: \_\_\_\_\_ Position: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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 Company: \_\_\_\_\_ Position: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Please list personal references. Do not include relatives:**

Name	Phone #	Relationship	Years Known
1.			
2.			
3.			

### Release of Information Consent Form

I, \_\_\_\_\_, give permission for Siskiyou County Public Authority Registry to obtain information regarding my prior work history and references. I understand this release of information is valid for 90 days from the date indicated below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Certification and Acknowledgement**

I understand my contact information will be shared with recipients who are looking for a Public Registry Caregiver and that the information on this questionnaire may be shared with these prospective employers and their advocates.

I understand 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 that my consumer employer is not Siskiyou County In-Home Supportive Services ("IHSS) or the Siskiyou County IHSS Public Authority. I understand the consumer/client/recipient is the employer.

I understand that an IHSS Consumer/Employer/Recipient retains the exclusive right to hire, supervise, and terminate my employment with or without notice.

### **Policies and Procedures on Background Checks**

- Public Registry applicants will be required to give written permission for the Public Authority to conduct a criminal background check
- Public Registry applicants will be required to disclose information on previous criminal convictions and any pending criminal cases;
- All approved IHSS caregivers must complete a criminal background check through Live Scan processing at the time of enrollment. This information is housed with the IHSS office which will also be notified of any subsequent arrests. The IHSS office will notify the Public Authority if a Registry Provider's background check or subsequent arrests contain a Tier 1 or Tier 2 crime. Convictions of a Tier 1 or Tier 2 crime disqualify a provider from being on the Registry.

### **I agree to the Policy and Procedures on background checks.**

Yes    No    \_\_\_\_\_ Initial

I read and understand the Certification and Acknowledgement portion of this application and certify under penalty of perjury that all the information provided in this application is true. I understand that any false or withheld information will eliminate me from eligibility for participation on the Public Authority Registry.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## **IHSS Provider Competency Questionnaire**

Please answer the following questions to the best of your ability. The purpose of this questionnaire is to document your understanding of the In Home Supportive Services Program, your responsibilities as a Registry Provider and identify areas of necessary development, in order to ensure a successful partnership between Provider and Recipient. **Return this with your application.**

### **Question #1**

As an IHSS provider, my employer is:

- A. The Public Authority
- B. The County
- C. The Recipient's Social Worker
- D. The Recipient
- E. The Recipient's Family

### **Question #2**

Which of the following tasks are not authorized by IHSS?

- A. Washing Windows
- B. Laundry
- C. Reading Mail
- D. Waiting at Medical Appointments
- E. Making dinner

### **Question #3**

Your recipient has been approved for 63 hours per month. This is your only recipient. What is the maximum number of hours you may claim per week?

- A. 63 hours
- B. 15 hours and 45 minutes
- C. 31 hours and 30 minutes
- D. 16 hours
- E. 40 hours

**Question #4**

You have one recipient. Your recipient is approved for 172 hours per month. What is the maximum amount of overtime that you can claim for the month?

- A. 3 hours
- B. 12 hours
- C. 4 hours and 30 minutes
- D. 26 hours
- E. 40 hours

**Question #5**

You currently provide care for Mr. Smith. Mr. Smith is approved for 42 hours per week. Your neighbor recently was approved for 45 hours per week and would like you to be her caregiver. If you continue to provide for all of Mr. Smith's needs, what is the maximum number of hours you can work for your neighbor?

- A. 12 hours
- B. 45 hours
- C. 6 hours
- D. 24 hours
- E. 8 hours

**Question #6**

Your recipient, Mr. Smith is approved for 23 hours and 30 minutes a month. This includes: 4 hours for domestic services, 4 hours for shopping, 4 hours for meal prep, 1 hour of medication management, 30 minutes for medical transportation, 2 hours for laundry, 2 hours for bowel and bladder care, and 2 hours for dressing. During the month of May, Mr. Smith's daughter stayed with him for a week. During that time his daughter prepared all his meals, gave him his medication and took him to his monthly doctor's appointment. What is the appropriate number of hours you should claim for the month?

- A. 19 hours
- B. 20 hours
- C. 21 hours and 45 minutes
- D. 17 hours and 30 minutes
- E. 18 hours and 30 minutes

**Question #7**

True or False

You are taking a two-week vacation. Your recipient's neighbor has agreed to provide care for your recipient in your absence. You should claim the hours of care for those two weeks on your timecard and use that money to pay the neighbor.

**Question #8**

Mr. Smith has a son and daughter. His son lives out of town, does not visit regularly but often sends Mr. Smith cards with money enclosed. His daughter lives in town and often drops in for a couple days the first part of the month. You have noticed that every time Mr. Smith's daughter comes to visit, he becomes withdrawn. After his daughter leaves he is typically short on cash and does not have enough money for his groceries. What should you do?

- A. Forbid the daughter from visiting
- B. Inform the son of this behavior
- C. Report this information to Adult Protective Services
- D. Alert the Social Worker