PUBLIC AUTHORITY REGISTRY UPDATE FORM

1. Please print clearly and complete all current contact information below and do not leave any section blank.

Last Name:_________________________ Middle Initial: _____ First Name:__________________________

Home Address: ____________________________________ City: ______________________ Zip Code: __________

Mailing Address: ____________________________________ City: ______________________ Zip code: __________

Phone Number (where client’s can reach you) Home#: ______________________ Cell #: ______________________

Last 4 Digits of SS#: _______________ Email Address: ________________________________

☐ Please check to remove home/mailing address: __________________________ City:_______________ Zip:________

☐ Please check to remove a phone number:____________________________________________________________

☐ Please check to add a phone number: Home#:______________________ ____ Cell#:____________________

☐ I am NO longer working with Clients: _____________________________________________________________

2. I am not available to work for any clients at this time and DO NOT wish to have my name referred out because:

☐ I have enough clients and would like to be placed as Fully Employed (I will be required to check in once every 3 months to update.  

☐ I would like to be inactive for personal/medical reasons.

☐ I have a job outside of the Registry.  

☐ I would like my name removed from the registry.

☐ Other: _____________________________________________________________________________________

If you checked one of the boxes in Question #2, PLEASE STOP HERE, SIGN AND RETURN.
If not, PLEASE ANSWER QUESTION 3-7, SIGN AND RETURN.

3. I am currently working for the following clients. Please provide name of clients hours (example 8a-4pm) and days working.

Client 1:________________________ Hours: _________________ Days: ______________________

Client 2:________________________ Hours: _________________ Days: ______________________

Client 3:________________________ Hours: _________________ Days: ______________________

Client 4:________________________ Hours: _________________ Days: ______________________

4. Please let us know what skills you feel comfortable performing in a client’s home. (Please check all boxes that apply)

☐ Light Cleaning (AA) ☐ Remove Grass/Weeds/Rubbish (UU) ☐ Feeding (JJ)

☐ Preparation of Meals (BB) ☐ Remove Ice/Snow (VV) ☐ Routine Bed Baths (KK)

☐ Meal Clean-Up (CC) ☐ Protective Supervision (WW) ☐ Dressing (LL)

☐ Routine Laundry (DD) ☐ Teaching & Demonstration (XX) ☐ Menstrual Care (MM)

☐ Shopping for food (EE) ☐ Paramedical Services (YY) ** ☐ Ambulation (NN)

☐ Other Shopping & Errands (FF) (incl. assistance with medications) ** ☐ Moving In/Out of Bed (OO)

☐ Heavy Cleaning (GG) (e.g. insulin, enemas, etc.) ** ☐ Bathing/Oral Hygiene/Grooming (PP)

☐ Medical Appointments (SS) ☐ Respiration (HH) ☐ Rubbing Skin / Repositioning (QQ)

☐ Accompaniment to Alternate Resources (TT) ☐ Bowel & Bladder Care (II) ☐ Care & Assistance with Prosthesis

Drop off at your local IHSS/Public Authority Office
5. I am available to work for Clients on (Please enter available times, time you wish to start and stop working.)

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<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<td>Example:</td>
<td>9am-8pm</td>
<td>8am-10am</td>
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<td>9am-8pm</td>
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6. Please check the boxes for the areas you are willing to work in. (Do not select cities that are more than 20 miles from your home)

- Adelanto
  - El Mirage
  - Palmdale
  - Cajon
  - Junction
- Apple Valley
- Barstow
  - Baker
  - Hinkley
  - Yermo
  - Lenwood
  - Fort Irwin
- Big Bear City
  - Sugarloaf Mtn
  - Fawnskin
  - Big Bear Lake
- Big River
  - Earp
  - Parker Dam
  - Vidal Junction
- Chino
  - Chino Hills
  - Pomona
- Colton
  - Bryn Mawr
  - Grand Terrace
  - Loma Linda
- Crestline
  - Cedar Pines Lake
  - Lake Gregory Village
  - Twin Peaks
  - Rimforest
  - Valley of Enchantment
  - Crestpark
- Devore
  - Lytle Creek
- Fontana
  - Bloomington
  - Rialto
- Forest Falls
  - Angelus Oak
  - Oak Glen
- Hesperia
  - Oak Hills
- Joshua Tree
- Yucca Valley
- Lake Arrowhead
  - Arrowbear
  - Cedar Glen
  - Green Valley Lake
  - Running Springs
  - Blue Jay
- Landers
  - Johnson Valley
- Lucerne Valley
- Morongo Valley
- Needles
  - Havasu Lake
- Newberry Springs
  - Ludlow
  - Nipton
- Ontario
  - Guasti
  - Montclair
- Phelan
  - Baldy Mesa
  - Pinon Hills
- Rancho Cucamonga
  - Alta Loma
  - Etiwanda
- Wrightwood
- Yucaipa
- Redlands
  - Mentone
  - Crafton
- San Bernardino
  - Highland
- Trona
  - Kramer
  - Red Mountain
- Twentynine Palms
  - Wonder Valley
- Upland
  - Mt. Baldy
  - San Antonio Heights
- Victorville
  - Desert Knolls
  - Spring Valley Lake

7. Provider Preference

*Will you work for men, women or both?........ □ Men.......... □ Women.......... □ Both

*Do you smoke?.................................................. □ Yes □ No

*Will you work for a smoker?.................................. □ Yes □ No

*Do you have access to a car?................................ □ Yes □ No

*Will you work with pets?...................................... □ Yes □ No

*Do you rely on public transportation?....................... □ Yes □ No

*Are you willing to use your car on the job?................ □ Yes □ No

*Are you willing to drive a client’s car?.................... □ Yes □ No

____________________________________________________

Provider Signature

____________________________________________________

Date

Updated February 29th 2016

Drop off at your local IHSS/Public Authority Office