Dear Applicant,

Thank you for your interest in the San Bernardino County In-Home Supportive Services (IHSS) Public Authority. Enclosed you will find the following:

- Application
- Reference letter criteria

If you would like to consider becoming a Public Authority provider, you must meet the following requirements:

- Have at least 3 months of Home Care experience (Elderly and/or Disabled).
- Be fluent in English
- Have 2 good references – 1 Professional Letter (*Please note: If you have worked for an IHSS client within the past 7yrs or are currently working for an IHSS client you DO NOT need to attach a Professional Reference Letter. However, you MUST complete the reference section on the application and state the IHSS client(s) name(s) that you have or are currently working for). 1 personal (No relatives or people that live with you) attached is a summary of what needs to be included on the Letters.
- Present current CA ID/Driver’s License
- Pass a screening interview (dress interview appropriate)
- Complete Public Authority Handbook review and referral process
- Be fingerprinted and pass a criminal background investigation by the Department of Justice. **State law requires you to pay the cost for fingerprint submission.**
- Adult CPR/First Aid training is required to be on the registry. The Public Authority will register you for CPR/First Aid training as part of the application process once you have passed a criminal background check. (If you have current copies of Adult CPR/First Aid cards, or other certificates please provide them at the time of your screening interview).

Make sure to answer all the questions. Not answering some questions may result in not processing your application. Not submitting a Personal Reference letter may result in the denial of your application. **Remember to sign and date your application.**

Once you complete all steps above, we will mail you a letter to inform you that you are now a Public Authority Registry Provider and that we will begin to refer you to IHSS clients for interviews.

Sincerely,

*Registry Services*

IHSS Public Authority
Please note: If you have worked for an IHSS client within the past 7yrs or currently working for an IHSS client you DO NOT need to attach a Professional Reference Letter. (Please include the IHSS client’s information in the Home Care Experience section #5 on your application and make a note: IHSS Client)

PROFESSIONAL REFERENCE LETTER MUST BE IN A LETTER FORMAT

Professional Reference letters must include the following information:

- Name of the IHSS Client, private client, family member, etc
- Address
- Phone Number
- How long the applicant worked for this client, specify dates.
- What services was the applicant providing for the client.
- Signature (client) and date

PERSONAL REFERENCE LETTER MUST BE IN A LETTER FORMAT

Personal References cannot be from family members or anyone residing in your home and must include the following information:

- Name
- Address
- Phone Number
- How long has this person known the applicant
- Relationship to the applicant, (Friend, Former boss, Teacher, Co-worker, etc.).
- Signature (reference person) and date

(Please make sure that reference letters are legible)
Provider Name _______________________________ Date ____________________

Address ____________________________ Apt _____ City __________________________ Zip __________

Mailing Address (if different) ____________________________________________________________

Social Security No. ______________________ Driver’s License No________________ State_____ Exp. Date________

Home Phone (_____) _________________________________ Cell Phone (_____) ______________________

Emergency Contact Name________________________________________ Phone (_____) ______________________

E-mail address__________________________________________________________

1. Gender: 
   □ Male     □ Female
   Date of Birth ______________________

2. Are you a United States Citizen over the age of 18?  
   □ Yes   □ No
   If no, are you a Legal Alien authorized to work in the United States:  
   □ Yes   □ No

3. What languages do you speak?  
   □ English    □ Speak  □ Read  □ Write
   □ Spanish    □ Speak  □ Read  □ Write
   □ Other ______________________    □ Speak  □ Read  □ Write

4. Are you currently working, or have previously worked with an IHSS client?  
   If so, please provide name of client(s)
   Client 1 ___________________________________ Client 2 _______________ Client 3 ______________________

San Bernardino County IHSS Public Authority - Updated by MS: 5/21/2018
5. Current or Most Recent Home Care Experience/Work Experience.

<table>
<thead>
<tr>
<th>Client/Employer:</th>
<th>From: (Month/Year)</th>
<th>Phone: ( )</th>
<th>Office Use Only</th>
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<th>To: (Month/Year)</th>
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<th>State:</th>
<th>Zip:</th>
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<th>Reason for Leaving:</th>
<th>May We Contact?</th>
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<td>☐ Yes ☐ No</td>
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<td>☐ Yes ☐ No</td>
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6. Are you willing to work for men, women, or both?  ☐ Men ☐ Women ☐ Both

7. Are you willing to work with clients who may have the following:
   - Infectious Diseases.  ☐ Yes ☐ No
   - Mental Illness.  ☐ Yes ☐ No
   - Developmental Disabilities.  ☐ Yes ☐ No

8. The following services are **required** to be performed in a client’s home (when approved).

   - Light Cleaning
   - Preparation of Meals
   - Meal Clean-Up
   - Routine Laundry
   - Shopping for food
   - Other Shopping & Errands
   - Heavy Cleaning
   - Medical Appointments
   - Alternate Resources
   - Remove Grass/Weeds/Rubbish
   - Remove Ice/Snow
   - Protective Supervision
   - Teaching & Demonstration
   - Paramedical Services **
   - (incl. assistance with medications) **
   - (e.g. insulin, enemas, etc.) **
   - Bowel & Bladder Care
   - Feeding
   - Routine Bed Baths
   - Dressing
   - Menstrual Care
   - Ambulation
   - Moving In/Out of Bed
   - Bathing/Oral Hygiene/Grooming
   - Rubbing Skin / Repositioning
   - Care & Assistance with Prosthesis

9. Desired hours per week:  ☐ 10 hours or less/week  ☐ 10-25 hours/week  ☐ 25 hours or more/week

10. Are you willing to work “On Call”?  ☐ Yes ☐ No
    (Available to work within an hour of being called by a Public Authority representative)
11. Days and hours desired – Please ✓ check the days and times you are available:

Mornings (6 a.m.–12 noon)      Mon      Tues      Wed      Thur      Fri      Sat      Sun
Afternoons (1 p.m.–5 p.m.)     Mon      Tues      Wed      Thur      Fri      Sat      Sun
Evenings (6 p.m.–12 midnight)  Mon      Tues      Wed      Thur      Fri      Sat      Sun
Overnight (1 a.m.–6 a.m.)      Mon      Tues      Wed      Thur      Fri      Sat      Sun

12. Geographic Preference: (Please only select cities within 20 miles from your home.)

- Adelanto
- Barstow
- Apple Valley
- Chino
- Colton
- Crestline
- Devore
- Forest Falls
- Hesperia
- El Mirage
- Baker
- Yermo
- Big Bear City
- Bryn Mawr
- Cedar Pines Lake
- Lake Gregory Village
- Twin Peaks
- Rimforest
- Valley of Enchantment
- Crestpark
- Loma Linda
- Lytle Creek
- Angelus Oak
- Oak Glen
- Oak Hills
- 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
- 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
- Wrightwood
- Yucaipa
13. Please answer the following questions:

**OTHER RELEVANT INFORMATION:**

a. Do you smoke? ........................................... □ Yes □ No
b. If yes, will you smoke outside? ......................... □ Yes □ No
c. Will you work for a smoker? .............................. □ Yes □ No
d. Are you willing to work for a client that has pets? .......................... □ Yes □ No
e. Do you have any allergies and/or issues that would affect your ability to work with someone that has: ........................................... □ Dogs □ Cats
   □ Perfume □ Cigarettes □ Other ___________________________

**PROVIDER REFERENCES:**

f. Do you have access to a car? ............................... □ Yes □ No
g. Do you rely on public transportation? ..................... □ Yes □ No
h. Are you willing to use your car on the job? .................. □ Yes □ No
i. Are you willing to drive a client’s car? ....................... □ Yes □ No
j. Have you ever been convicted of a felony or misdemeanor? ........ □ Yes □ No
   If yes, list date(s) and conviction(s)______________________________

k. Have you been fingerprinted for IHSS? .................... □ Yes □ No
   Date __________________________

l. Did you clear the IHSS background check? ................... □ Yes □ No

14. TRAINING AND CERTIFICATION:

Please check if you have had training in this area. (You must have current, valid proof such as a certificate.)

<table>
<thead>
<tr>
<th>Certified Training</th>
<th>Completed</th>
<th>Exp. Date</th>
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<tbody>
<tr>
<td>First Aid</td>
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<tr>
<td>CPR (cardiopulmonary resuscitation)</td>
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<td>CHH (certified home health aide)</td>
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<tr>
<td>CNA (certified nursing assistant)</td>
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Are you interested in Home Care Training? .......................... □ Yes □ No

15. The IHSS Client is the Employer.

The Public Authority Registry is here to assist IHSS clients in selecting potential providers. We supply clients with names of pre-screened providers who are available to work.

Do you understand that the Registry does not have or make job offers for the clients? ........... □ Yes □ No

Do you understand that the IHSS client is the employer and makes the decision to hire or to terminate a provider’s employment, as they desire for any reason? .................. □ Yes □ No

Do you understand that an IHSS client may request that you do not smoke, wear perfumes or may make reasonable requests in regards to your personal appearance/hygiene? ............. □ Yes □ No

16. How did you hear about the Public Authority?

□ IHSS Orientation □ Job Fair □ Newspaper □ Mailer
□ Flyer □ Friend □ Other ____________________________

I certify that all information on this form is true to the best of my knowledge. I understand that any misrepresentation of information on this form may eliminate me from consideration in the registry. I give the IHSS Public Authority Registry permission to share my contact information in my file with its clients.

Signature ____________________________________________ Date ________________________________

San Bernardino County IHSS Public Authority - Updated by MS: 5/21/2018
RELEASE OF INFORMATION/WAIVER FORM

To Whom It May Concern:

I, (Print Name) __________________________________________________________________________ hereby authorize any representative of the San Bernardino county IHSS Public Authority bearing this release (or a copy of it) to contact any and all references on my application, including personal references, and obtain any information you may have, written or otherwise pertaining to my employment, or personal history, including but not limited to, any and all records and information pertaining to my performance, attendance, investigation, discipline and other personnel matters, criminal history and other personal history. I hereby request and authorize you to release any and all such information to the Public Authority. I also authorize the Public Authority to release any such information to third parties in the course of its operations.

I have listed below all names that I have used during the course of my employment. This authorization and release applies to any and all information that you may have concerning me using any of those names I have listed below.

This authorization and release is executed with full knowledge and understanding that the information to be released is for the official use of the San Bernardino County IHSS Public Authority.

I hereby release and hold harmless the Public Authority and you, and each of you, and your respective officers, agents, employees and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, successors, assigns, or associates because of your compliance with this authorization and request to release information, or any attempt to comply with it, and/or because of the Public Authority’s use of such information for any purpose related to its operations.

Should there be any questions as to the validity of this authorization and release, you may contact me.

_________________________________________  _____________________________
Signature                                      Date