



# Solano County IHSS Public Authority

## REGISTRY CAREGIVER APPLICATION

This application process is for individuals wishing to apply for our Caregiver Registry. Caregivers accepted onto our registry may then be referred out to IHSS recipients (clients) for potential employment. Our Caregiver Registry is a referral service only and does not guarantee employment.

**Complete our IHSS Registry Caregiver Application only if ALL of these apply to you.**

1. I can legally work in the United States, and have a government issued ID and Social Security card.
2. I want to be a caregiver for IHSS recipients in Solano County.
3. I want the Caregiver Registry to refer me out to IHSS recipients.

**Steps to submit a Registry Caregiver Application:**

1. Print out the Registry Caregiver Application packet, including the two Work Reference Request Forms. (Option to also pick up a Registry Caregiver Application packet from the Solano County IHSS Public Authority at 275 Beck Ave. Fairfield.)
2. Complete and sign the Registry Caregiver Application.
3. Give the Work Reference Request forms to two previous or current employers to complete and return back to you.
  - a. Work References can be paid or non-paid.
  - b. Must be completed by Human Resources or by a person in a supervisory position.
  - c. Cannot be a relative, even if you worked for them.
  - d. No personal references.
  - e. Need to submit two separate positive Work References together with your Application.
4. Mail or Drop-Off your completed Registry Caregiver Application, including your two Work References to:

Solano County IHSS Public Authority  
275 Beck Ave. MS 5-190  
Fairfield, CA 94533

\*\*\*\*\*

**Additional Information:**

1. Please refer to our Solano County IHSS Public Authority Caregiver Registry PowerPoint for more information about our services ([www.solanocounty.com/pa](http://www.solanocounty.com/pa) and click on link to Registry Recruitment)
2. After your Registry Caregiver Application and Work References have been reviewed, you may be contacted for an office interview.
3. If your application is denied, you will be notified by mail, and may reapply after one year.
4. A DOJ Background clearance will be required for Solano County IHSS. (Do NOT complete your background check until instructed to do so.)

**IHSS PUBLIC AUTHORITY**

275 Beck Avenue, MS 5-190  
Fairfield, CA 94533  
Phone (707) 784-8200  
Fax (707) 435-2388



<b>For Office Use Only:</b>	
Screened Date _____	Y N
CMIPS Y N T P _____	
DOJ County _____	
REVA Videos _____	
IHSS Orientation _____	
Interview Date/Time _____	

**PUBLIC AUTHORITY REGISTRY CAREGIVER APPLICATION *(incomplete applications will be denied)***

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street Apt# City Zip

Mailing Address (If Different) \_\_\_\_\_  
Number Street Apt# City Zip

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home/Other Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License or ID # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Issuing State \_\_\_\_\_

**Days and Hours Available**

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Early Mornings: (6am-8am)	<input type="checkbox"/>						
Mornings: (8am-12pm)	<input type="checkbox"/>						
Afternoons: (12pm-3pm)	<input type="checkbox"/>						
Late Afternoons: (3pm-5pm)	<input type="checkbox"/>						
Evenings: (5pm-9pm)	<input type="checkbox"/>						
Nights: (9pm-12am)	<input type="checkbox"/>						
Overnight: (12am-6am)	<input type="checkbox"/>						

<b><u>I am also willing to work these assignments.</u></b>
<input type="checkbox"/> Major Holidays
<input type="checkbox"/> Live-In
<input type="checkbox"/> On-Call
<input type="checkbox"/> Short-Term / Respite
<input type="checkbox"/> Urgent / Emergencies

I want to work up to \_\_\_\_\_ hours per week.

PLEASE CHECK ALL THE CITIES YOU ARE WILLING TO WORK IN			
<input type="checkbox"/> Fairfield	<input type="checkbox"/> Suisun City	<input type="checkbox"/> Vacaville	<input type="checkbox"/> Dixon
<input type="checkbox"/> Cordelia	<input type="checkbox"/> Vallejo	<input type="checkbox"/> Benicia	<input type="checkbox"/> Rio Vista

My Primary Spoken Language is \_\_\_\_\_ My Primary Written Language is \_\_\_\_\_

My English is  Fluent  Limited Other Languages \_\_\_\_\_

**Experience and Education:**

I have Caregiving experience  Yes  No ( What year did you start caregiving? \_\_\_\_\_ )

I have worked as an IHSS Caregiver  Yes  No  Currently Active

Please list other Caregiving Experience: (clients served, facilities worked and experience with specialized medical tasks)

**Please list current certifications, licenses and trainings related to Caregiving:**

First Aid Expiration Date \_\_\_\_\_  CPR Expiration Date \_\_\_\_\_

CNA Expiration Date \_\_\_\_\_  HHA Expiration Date \_\_\_\_\_

MA \_\_\_\_\_  Other(s) \_\_\_\_\_

List any degree(s), other caregiving training(s), or attach a resume: \_\_\_\_\_

**Clients I am willing to work with:**

Client Preference  Female  Male  Both

Age Preference  Elderly (65+)  Adults (18-64)  Children (0-17)  All

**Conditions/Client Type** (check all you are willing to work with)

Developmental Disability  Physical Disability  Mental Health Disability

Hearing/Visual Impaired  Quadriplegic/Paralysis  Hoarder

Bedbound  Hospice Care  Alzheimer's/Dementia

Infectious Disease  Incontinence  Heavy Lifting

Transfer Assistance needed (check all able to perform)  pivot  gait belt  slide board  Hoyer lift

**IHSS Tasks I am willing to complete:**

Domestic Services (Light Housekeeping)

Ambulation (Mobility)

Preparation of Meals

Moving In and Out of Bed (Physical Transfers)

Meal Clean Up

Bathing, Oral Hygiene, Grooming M \_\_\_\_\_ F \_\_\_\_\_

Routine Laundry

Rubbing Skin - Repositioning

Shopping for Food

Care and Assistance (Prosthesis and Medications)

Other Shopping and Errands

Transport to Medical Appointments

Respiration\Oxygen

Transport to Alternative Resources (other appointments)

Bowel & Bladder Care (Toileting Assistance)

Protective Supervision (ie: w/ Alzheimer's/Autistic clients)

Feeding

Paramedical Services (Wound Care/Medical Procedures)

Routine Bed Baths

Heavy Cleaning

Dressing

Teaching and Demonstration (skills training w/ clients)

Menstrual Care

Do you smoke?  Yes  No Will you work for a smoker?  Yes  No  Outside smoker only  
 Do you have pets?  Yes  No Are you allergic to any animal(s)? \_\_\_\_\_  
 Are you ok with working with a client who has:  Dog(s)  Cat(s)  Bird(s)  Reptile(s) (caged)  
 Do you have a valid Driver's License?  Yes  No Are you willing to drive a client's car?  Yes  No  
 Do you have a Car?  Yes  No Are you able to use your car for work?  Yes  No

Supplemental Questions

1. What made you choose to be a caregiver? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. What are your strongest assets as an employee and as a caregiver? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Criminal Background Disclosure (required):**

**As part of the IHSS Public Authority application process, applicants will be asked to complete the State Mandated IHSS Enrollment process. This will include passing a criminal background check (Livescan). This will be done at a later date, and could cost up to \$70.**

I understand and give permission to have my background check (Livescan) completed or viewed.  Yes  No

**All IHSS Public Authority applicants must disclose any criminal convictions (both felonies and misdemeanors, including pleas of no contest) on this application.**

Have you ever been convicted of a felony or misdemeanor?  Yes  No

If yes, all applicants must provide the following information:

Date(s) \_\_\_\_\_  Felony  Misdemeanor

Crime/Charge(s) convicted \_\_\_\_\_  
 \_\_\_\_\_

Disposition (outcome / explain what happened, includes any fines, probation, jail/prison term) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This section is **Optional** (not required). How did you hear about us? \_\_\_\_\_

Birth Date \_\_\_\_\_  Female  Male

Ethnicity  African American  Asian-Pacific Islands  Caucasian  Latino  Other \_\_\_\_\_

I certify that the information on this application is true. I understand that any false information may eliminate me from consideration.

I understand that the information on this application may be shared with prospective employers and their designees. I understand that my employer is not Solano County In-Home Supportive Services (IHSS) and not Solano County IHSS Public Authority. The IHSS recipient is my employer.

I understand that as part of my application process, I give permission to the Solano County IHSS Public Authority to contact and receive information from my work references about my work history. (Valid for up to one year from date of signature.)

I understand that if I am accepted onto the Public Authority Caregiver Registry, my name may be included on lists given to persons who are seeking assistance in their homes (IHSS recipients and their designees). The IHSS Public Authority retains the exclusive right to list, refer, suspend, or remove an individual caregiver from the registry.

I understand that the Solano County IHSS Public Authority Removal from the Registry Policy outlines minor and major compliant violations, which includes no use of drugs and alcohol in the workplace. Substantiated violations to our policy would be grounds for removal from the Caregiver Registry.

I understand that if I am accepted onto the Public Authority Caregiver Registry, Solano County IHSS Public Authority accepts no liability for Registry Caregivers who choose to use their private vehicles to complete authorized IHSS tasks. It is recommended that Registry Caregivers consult with their private auto insurance carriers.

I understand that I am responsible for paying the fees associated with the Criminal Background Investigation (Livescan for DOJ). I understand that passing Livescan does not guarantee employment.

**I understand that the Public Authority does NOT guarantee employment.** The Public Authority Provider Registry is a referral service for IHSS recipients and providers; it is not an employment agency.

---

**Applicant Signature**

---

**Date**



# Solano County IHSS Public Authority

## WORK REFERENCE REQUEST FORM

No family members and No personal references will be accepted.

Please give these Reference forms to your previous employers to be completed, and then submit them together with your Application.

### To be completed by Registry Caregiver applicant:

I, \_\_\_\_\_ (name of Registry Caregiver applicant), have applied as a caregiver with Solano County In Home Supportive Services (IHSS) Public Authority. I authorize them to collect any information concerning my qualifications and past work performance. I also authorize and request that you respond to the questions below. I hereby release you from any and all liability in supplying any information regarding my employment.

***Please return completed form back to:***

Applicant Name: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Registry Caregiver Applicant

\_\_\_\_\_  
Date

### To be completed by previous/current employer:

Person Completing Form \_\_\_\_\_  Supervisor  Client  Other

Agency or Company Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Applicant's Job Title \_\_\_\_\_

Employment Dates From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ How long have you known the applicant ? \_\_\_\_ (years)  
Month Year Month Year

Job Duties  
 \_\_\_\_\_  
 \_\_\_\_\_

Please check the appropriate rating:

Was the Applicant	Yes	No	Comments
A good worker?			
Has good attendance? On time?			
Completes assigned work?			
Works well with others? Courteous?			
Reliable/Dependable?			
Trustworthy?			

Is applicant eligible for rehire? \_\_\_\_\_

Any other comments you would like us to know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date



# Solano County IHSS Public Authority

## WORK REFERENCE REQUEST FORM

No family members and No personal references will be accepted.

Please give these Reference forms to your previous employers to be completed, and then submit them together with your Application.

### To be completed by Registry Caregiver applicant:

I, \_\_\_\_\_ (name of Registry Caregiver applicant), have applied as a caregiver with Solano County In Home Supportive Services (IHSS) Public Authority. I authorize them to collect any information concerning my qualifications and past work performance. I also authorize and request that you respond to the questions below. I hereby release you from any and all liability in supplying any information regarding my employment.

**Please return completed form back to:**

Applicant Name: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Registry Caregiver Applicant

\_\_\_\_\_  
Date

### To be completed by previous/current employer:

Person Completing Form _____		<input type="checkbox"/> Supervisor		<input type="checkbox"/> Client		<input type="checkbox"/> Other	
Agency or Company Name _____				Phone (____) _____			
Applicant's Job Title _____							
Employment Dates From _____ / _____		To _____ / _____		How long have you known the applicant ? _____ (years)			
		Month Year		Month Year			
Job Duties _____							
_____							
_____							

Please check the appropriate rating:

Was the Applicant	Yes	No	Comments
A good worker?			
Has good attendance? On time?			
Completes assigned work?			
Works well with others? Courteous?			
Reliable/Dependable?			
Trustworthy?			

Is applicant eligible for rehire? \_\_\_\_\_

Any other comments you would like us to know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date