



El Dorado County  
IHSS Public Authority  
3057 A Briw Road  
Placerville, CA 95667  
530-621-6287  
ihsspa@edcgov.us

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Dear Applicant,

Thank you for your interest in joining the El Dorado County IHSS Care Provider Registry. The IHSS Care Provider Registry is operated by the IHSS Public Authority and provides free referral lists to IHSS Recipients who are in need of a Care Provider. The Public Authority Registry staff recruits, interviews and screens all potential providers to ensure proper placement of Care Providers in a Recipient's home.

The *Recipient* is the employer and will make the determination of whether to employ a Care Provider. The Recipient is also responsible for assigning a weekly schedule, signing timesheets and terminating a Care Provider. Registry Care Providers are referred to Recipients based on geographic location, the Recipient's authorized services and needs, and the Care Provider's skills and experience.

The IHSS Care Provider wage is currently \$15.50/hr. Vision and Dental benefits are available through Union Membership based upon monthly hours worked. Although, direct experience is not required for consideration, we recommend that the applicant have at least two (2) years of previous caregiving experience. All applicants must complete the following steps listed below.

We look forward to partnering with you as you provide this valuable service to our community,

IHSS Care Provider Registry Staff

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# Care Provider Registry Application Process

## Step 1) Application

- Complete and return *the IHSS Care Provider Registry Application* to

### **El Dorado County In-Home Supportive Services Public Authority**

3057 Briw Road Suite A Placerville, CA 95667

Office: (530)621-6287 Fax: (530)663-8489

Email: [ihsspa@edcgov.us](mailto:ihsspa@edcgov.us)

- Please ensure the submitted IHSS Care Provider Registry Application includes:
  - Completed and signed application.
  - 3 year DMV printout of Driving Record.

## Step 2) Reference checks

- Included in the application packet are reference forms. Two employer and two personal references are required.
- References must be filled out and sent to us **directly from the individual providing the reference** and can be submitted via mail, fax or email using the information above.

## Step 3) Interview

- Once the application and DMV printout have been submitted and all references have been received, you will be contacted to schedule an interview.
- The interview will take about 45 minutes to complete. As this is a job interview, appearance and punctuality will be graded accordingly.
- During the interview Public Authority Registry staff will provide information about the Registry process and the IHSS program.

## Step 4) Criminal Background Check\*

- After the interview Public Authority Registry staff will review the qualifications of all applicants seeking consideration for a position. Successful applicants will be provided the Request for Live Scan Service form to be fingerprinted for a Criminal Background Check through the Department of Justice (DOJ).
- The **applicant** will be responsible for payment of Live Scan fees for his/her own Department of Justice (DOJ) background check. DOJ processing fees \$32, Live Scan rolling fee range from \$10 to \$30.

*\*In order to be eligible for the IHSS Care Provider Registry all applicants must be able to successfully pass a Criminal Background Check.*

## Step 5) Provider Orientation

- After steps 1-4, a Care Provider Registry staff member will notify the applicant either by mail or phone that the applicant has passed and schedule the state mandated Provider Orientation.
  - Upon completion of the orientation, the applicant will be added to the Care Provider Registry and their contact information will be referred to IHSS Recipients requesting a care provider referral list.
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# Client Types and Services

(Check all that apply for each section below)

|   |  |
|---|--|
| <p style="text-align: center;"><b>Domestic and Personal Services</b></p> <p style="text-align: center;"><b>I am willing to provide the following services:</b></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Domestic Services         </div> <div style="width: 50%;"> <input type="checkbox"/> Meal Preparation         </div> <div style="width: 50%;"> <input type="checkbox"/> Meal Clean Up         </div> <div style="width: 50%;"> <input type="checkbox"/> Routine Laundry         </div> <div style="width: 50%;"> <input type="checkbox"/> Food Shopping         </div> <div style="width: 50%;"> <input type="checkbox"/> Other Shopping, Errands         </div> <div style="width: 50%;"> <input type="checkbox"/> Heavy Cleaning         </div> <div style="width: 50%;"> <input type="checkbox"/> Respiration         </div> <div style="width: 50%;"> <input type="checkbox"/> Bowel &amp; Bladder Care         </div> <div style="width: 50%;"> <input type="checkbox"/> Feeding Assistance         </div> <div style="width: 50%;"> <input type="checkbox"/> Bed Bath         </div> <div style="width: 50%;"> <input type="checkbox"/> Dressing         </div> <div style="width: 50%;"> <input type="checkbox"/> Menstrual Care         </div> <div style="width: 50%;"> <input type="checkbox"/> Ambulation         </div> <div style="width: 50%;"> <input type="checkbox"/> Moving In/Out Bed         </div> <div style="width: 50%;"> <input type="checkbox"/> Bathing, Grooming, Oral Hygiene         </div> <div style="width: 50%;"> <input type="checkbox"/> Rubbing skin, repositioning         </div> <div style="width: 50%;"> <input type="checkbox"/> Prosthesis/Self Medication Assist.         </div> <div style="width: 50%;"> <input type="checkbox"/> Accompaniment to Medical Appointments         </div> <div style="width: 50%;"> <input type="checkbox"/> Accomp. To Alt. Resources         </div> <div style="width: 50%;"> <input type="checkbox"/> Remove Grass, Weeds or Rubbish         </div> <div style="width: 50%;"> <input type="checkbox"/> Remove Ice, Snow         </div> <div style="width: 50%;"> <input type="checkbox"/> Protective Supervision         </div> <div style="width: 50%;"> <input type="checkbox"/> Teaching &amp; Demonstration         </div> <div style="width: 50%;"> <input type="checkbox"/> Paramedical Services         </div> </div> | <p style="text-align: center;"><b>I am willing to work for the following types of client(s):</b></p> <input type="checkbox"/> Men<br><input type="checkbox"/> Women<br><input type="checkbox"/> Children<br><input type="checkbox"/> Couples<br><input type="checkbox"/> Developmentally Disabled<br><input type="checkbox"/> Physically Disabled<br><input type="checkbox"/> Alzheimer's/ Other Dementias<br><input type="checkbox"/> Mental Illness<br><input type="checkbox"/> Blind<br><input type="checkbox"/> 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                      |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Mornings</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Afternoons</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Evenings</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Overnights</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**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 No  Yes: Outside smoker  Inside smoker

Form of transportation Car  Bus

Drive Client car? Yes  No

Use own car for Client transport? Yes  No  (IHSS does not reimburse for gas mileage.)

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 Care Giving 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/misdemeanor conviction(s)

Felony conviction date(s): \_\_\_\_\_ Misdemeanor conviction dates: \_\_\_\_\_

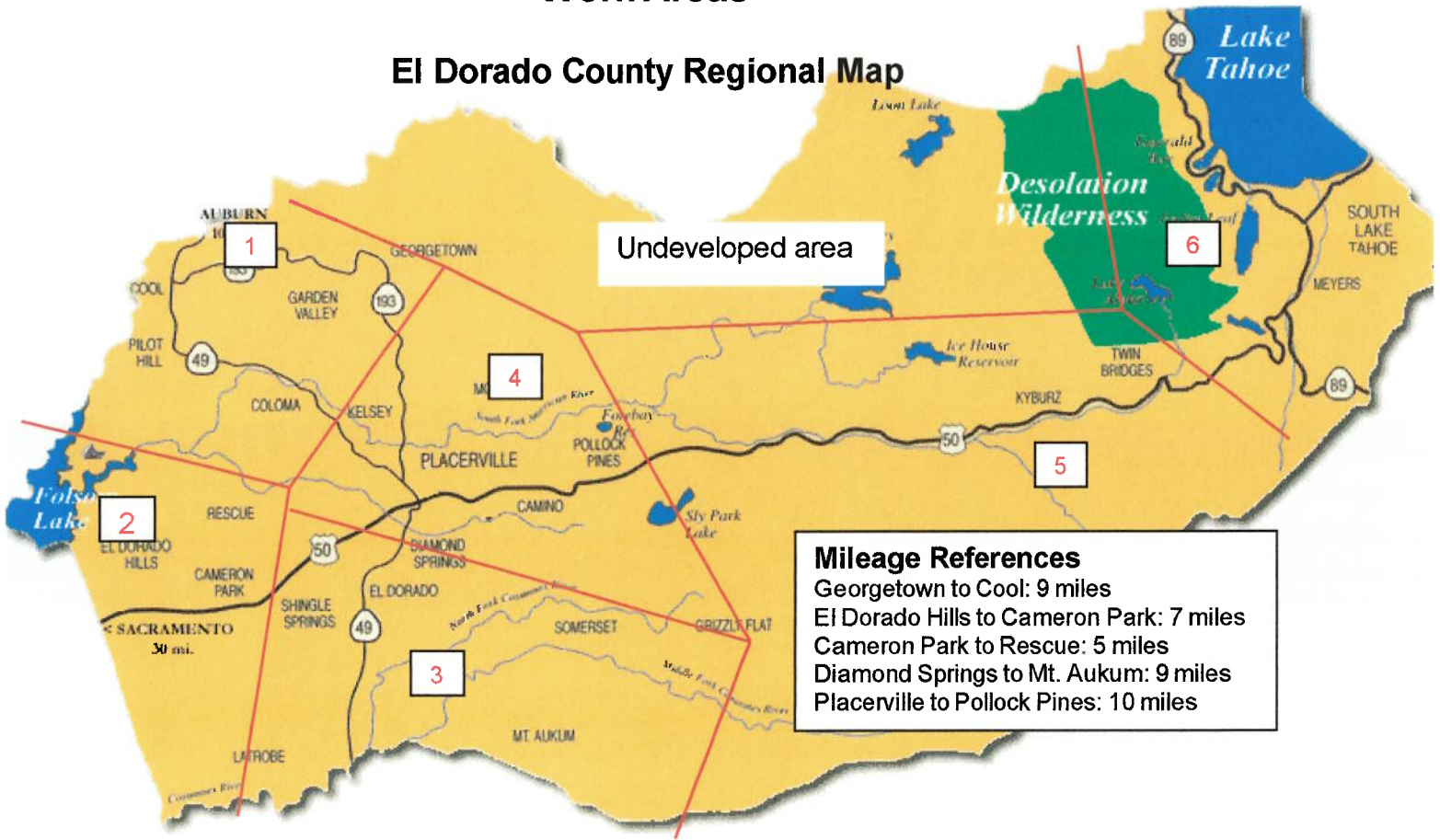
Convictions(s) for what: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Work Areas

## El Dorado County Regional Map



**Mileage References**  
 Georgetown to Cool: 9 miles  
 El Dorado Hills to Cameron Park: 7 miles  
 Cameron Park to Rescue: 5 miles  
 Diamond Springs to Mt. Aukum: 9 miles  
 Placerville to Pollock Pines: 10 miles

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)

- |  |   |
|--|---|
| <input type="checkbox"/> Region 1: Northern Region       | <input type="checkbox"/> Region 2: Western Region     |
| <input type="checkbox"/> Region 3: Southern Region       | <input type="checkbox"/> Region 4: Central Region     |
| <input type="checkbox"/> Region 5: Western Sierra Region | <input type="checkbox"/> 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 *Care Provider 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 *Care Provider 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 *Care Provider 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:** \_\_\_\_\_



**IN-HOME SUPPORTIVE SERVICES (IHSS) CARE PROVIDER  
REFERENCE LIST**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Provider Number: \_\_\_\_\_

References are a requirement to be part of the IHSS Provider Registry.  
There are two sections and we need a minimal of two references per section.

**Employment Reference:**

This can be a past or present employer or a volunteer service, i.e.: Church, Kids school

1. Company / Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Contacts complete Address: \_\_\_\_\_  
\_\_\_\_\_

2. Company / Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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

3. Company / Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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





El Dorado County  
In-Home Supportive Services Public Authority  
3057 Briw Rd, STE A, Placerville, CA 95667

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Provider Number: \_\_\_\_\_

References are a requirement to be part of the IHSS Provider Registry.

There are two sections and we need a minimal of two references per section.

**Personal Reference:**

This can be a friends, neighbors or acquaintances. No family members.

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Contacts complete Address: \_\_\_\_\_

\_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Contacts complete Address: \_\_\_\_\_

\_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Contacts complete Address: \_\_\_\_\_

\_\_\_\_\_