



Dear Applicant-

Thank you for your interest in the Connecting Point Registry.

The Registry is a collection of independent care providers who are available for referral to IHSS consumers. Referrals are based on each consumer's needs, schedule, and preferences. The current rate of pay is \$12.00 per hour.

Attached is our Registry Application. Your answers on the application will give us a better understanding of your experience, preferences, and schedule so that we may match you appropriately. Please answer each question thoroughly.

Submit your completed application by email to [paulas@connectingpoint.org](mailto:paulas@connectingpoint.org) or to our office at:

Connecting Point  
208 Sutton Way  
Grass Valley, CA 95945

Applications will be processed based on consumer needs and preferences. Applying to the Registry does not guarantee your acceptance. If you have any questions or need assistance completing this application, please call us at 530-274-5601.

**Next Steps:**

If we have consumers seeking a provider with your qualifications and preferences, one of our Home Care Coordinators will call you to schedule an orientation. The orientation may take up to three hours (unpaid) and consists of the following:

- A state-mandated orientation video
- Enrollment paperwork
- An overview of the IHSS program and the Registry
- Live Scan fingerprinting (You are required to pay for your own Live Scan fingerprinting. The current cost of Live Scan is \$33. We will provide you with the proper forms, including a list of crimes that will exclude you from working for the IHSS program).

In order to work for IHSS, you must provide the following:

- A current government-issued photo ID (such as a driver's license)
- Social Security card

We look forward to working with you.



# Provider Application

## PERSONAL INFORMATION

<b>Name:</b>			
<b>Social Security Number:</b>			
<b>Contact Information:</b>	Home Phone:	Cell Phone:	
	Email Address:		
<b>Mailing Address:</b>	<i>(Street Number or P.O. Box)</i>		
	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
	<i>(Street Number or P.O. Box)</i>		
<b>Physical Address: (if different from above)</b>	<i>(Street Number or P.O. Box)</i>		
	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
	<i>(Street Number or P.O. Box)</i>		

## AVAILABILITY

Total number of hours available each week: \_\_\_\_\_. Please mark the days and times that you are available.

<b>Mornings:</b>	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
<b>Afternoons:</b>	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
<b>Evenings:</b>	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
<b>Overnight:</b>	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun

Please answer the following so that we can better match you with consumers.

## ABOUT YOU

Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What form of transportation will you use to get to work?	<input type="checkbox"/> Bus	<input type="checkbox"/> Car	<input type="checkbox"/> Walk
Are you willing to use your car to run errands, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you fluent in any languages other than English? If yes, please list them here:			



# Provider Application

Please answer the following so that we can better match you with consumers.

Will you work for a smoker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you looking for a live-in position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your gender identity?		
Do you have a gender preference of the person you work for?	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> No preference
Are you willing to drive a consumer's car to run errands, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you work for a consumer with pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I am willing to work in the following locations:			
<input type="checkbox"/> Belden	<input type="checkbox"/> Clio	<input type="checkbox"/> Johnsville	<input type="checkbox"/> Portola
<input type="checkbox"/> Canyon Dam	<input type="checkbox"/> Cromberg	<input type="checkbox"/> Lake Almanor	<input type="checkbox"/> Quincy
<input type="checkbox"/> Chester	<input type="checkbox"/> Crescent Mills	<input type="checkbox"/> Meadow Valley	<input type="checkbox"/> Spring Garden
<input type="checkbox"/> Chilcoot	<input type="checkbox"/> East Quincy	<input type="checkbox"/> Mohawk	<input type="checkbox"/> Taylorsville
<input type="checkbox"/> Greenville	<input type="checkbox"/> Graeagle	<input type="checkbox"/> Paxton	<input type="checkbox"/> Vinton

I am willing to do the following work:	
<input type="checkbox"/> Accompaniment to Medical Resources	<input type="checkbox"/> Menstrual care (changing pads, etc.)
<input type="checkbox"/> Ambulation (assist with walking, sitting, etc.)	<input type="checkbox"/> Moving in & out of bed
<input type="checkbox"/> Bathing, oral hygiene, grooming	<input type="checkbox"/> Other shopping & errands
<input type="checkbox"/> Bowel & bladder care (full care)	<input type="checkbox"/> Paramedical services (assisting w/bandages, etc.)
<input type="checkbox"/> Bowel & bladder care (minimal assistance)	<input type="checkbox"/> Preparation of meals
<input type="checkbox"/> Care & assistance with prosthesis	<input type="checkbox"/> Protective supervision (for someone who can't be left alone)
<input type="checkbox"/> Consumer uses oxygen	<input type="checkbox"/> Respiration (assisting w/breathing treatments, etc.)
<input type="checkbox"/> Domestic services (basic housecleaning)	<input type="checkbox"/> Routine bed baths
<input type="checkbox"/> Dressing	<input type="checkbox"/> Routine laundry
<input type="checkbox"/> Feeding (cutting food, prompting, assisting)	<input type="checkbox"/> Rubbing skin, repositioning, etc.
<input type="checkbox"/> Heavy cleaning (authorized by IHSS social worker)	<input type="checkbox"/> Shopping for food
<input type="checkbox"/> Meal clean up (dishes, wiping counters, etc.)	





# Provider Application

Please explain why you are interested in in-home care.

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## REFERENCES

Please list two work references and one personal reference. DO NOT USE FAMILY MEMBERS.

WORK REFERENCE 1		
Reference Name:	Phone Number:	
Relationship to Applicant:		
Company Name:	Start Date:	End Date:
WORK REFERENCE 2		
Reference Name:	Phone Number:	
Relationship to Applicant:		
Company Name:	Start Date:	End Date:
PERSONAL REFERENCE		
Reference Name:	Phone Number:	
Relationship to Applicant:		
Length of Time Known:		

## BACKGROUND CHECK

Please list all of the counties you have lived in within the last 10 years.

County	State	Dates of Residence



# Provider Application

Please answer the following questions honestly. A “Yes” answer will not automatically disqualify you from the Registry. Failure to *disclose* this information will automatically disqualify you from the Registry.

Have you ever been convicted of a felony or misdemeanor charge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently or have you ever been on probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please list any crimes you have been convicted of in the last 10 years. Check here if you have no convictions:

Date of Offense	Offense	Sentence	Release Date

Please tell us how you heard about Connecting Point.

How did you hear about us?	
<input type="checkbox"/> CalWORKs/EDD	<input type="checkbox"/> Connecting Point website
<input type="checkbox"/> Provider union	<input type="checkbox"/> Training
<input type="checkbox"/> Flyer	<input type="checkbox"/> Facebook
<input type="checkbox"/> FREED	<input type="checkbox"/> Craigslist
<input type="checkbox"/> IHSS Social Worker	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Word of mouth
<input type="checkbox"/> Church	<input type="checkbox"/> Presentation
<input type="checkbox"/> Other (please write in):	

*I certify under penalty of perjury that all information on this form is true and correct to the best of my knowledge. I understand that any omission or misrepresentation of information on this form may disqualify me from being listed on the Registry. I give Connecting Point permission to share relevant information in my file with individual consumers who are looking for providers. I understand that any false information may eliminate me from eligibility for participation on the Connecting Point Registry.*

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date