



Dear Applicant,

Thank you for your interest in being listed as an IHSS Independent Care Provider (IP) with the Public Authority Registry. Please read all information below so that you get a better understanding of the Registry program and application process.

General Information about the Public Authority Registry Program

- If you are applying to join our Registry, this means you want your name referred out to IHSS consumers. If you want to be an IHSS IP, but DO NOT want your name sent to consumers, do not complete this form. Instead, visit the Provider Enrollment page: www.pascc.org/services/providerenrollment_instructions.html
- If you have worked for the IHSS program before, it does not mean you are on the Registry. It just means that you are Enrolled. **The Registry is a separate program and process.**
- The Registry program exists to help In-Home Supportive Services (IHSS) consumers find an IP that fits their needs. This is done by matching the consumer's needs and preferences with the schedule and preferences of the IP.
- The Registry is a **referral service only** and is not the employer. What this means: We are not hiring you, we are screening you on behalf of the consumers. If we add your name to our Registry, we will send your name and phone number out to consumers who are looking for an IP. The IHSS consumer will then decide which IPs they would like to interview and hire. It's up to the consumer and the IP to decide if the job is a good fit for both of them.
- **Being listed on the Registry does not guarantee employment.** What this means: We never promise that you will find a consumer to work for; all we do is continue to send your name and number out to different consumers who are looking for an IP.
- The ***consumer*** will be your boss and supervisor, ***IHSS*** will be your payroll department (your paychecks come from the state), and the ***Public Authority*** will be the service that gets your name out to the consumers.
- Having your name placed on our Registry list is **not guaranteed or automatic**. Every provider must go through a screening process, and it is up to the Public Authority Registry to decide which providers will be the best fit for our program. What this means: Not everyone that applies to the Registry will be added.

Please complete the next page and return it if you would like to join the Registry



The Public Authority Registry will review ALL interest forms. If you are selected, we will contact you by phone to discuss the next steps in the process.

First Name: _____ M: _____ Last Name: _____

Email Address: _____

Address _____
Street City Zip Code

Home Phone No: _____ Mobile Phone No: _____

Last 4 digits of Social Security No: _____ Birth Date: _____

Gender: M ___ F ___ What is your **MAIN** form of transportation? Bus ___ Car ___

How did you hear about us? _____

Do you have previous caregiving experience? Y/ N How Many Years? _____

When are you available to begin working? (Date) _____

Please provide **TWO WORK-RELATED REFERENCES** from the last 5 years. These are required to move forward in the process.

#1 must be related to caregiving (someone you have taken care of) *If the person you took care of cannot speak to us, we will accept their spouse or other family member who knew about the care you were providing*

#2 any other type of work you have had (This can be a co-worker, supervisor, or manager)

	NAME	PHONE NUMBER OR EMAIL	HOW YOU KNOW THEM
Reference #1- Caregiving			
Reference #2- Work			

Please fill out this form, print it, and return your form in one of the following ways:

Email: patraining@pascc.org

MAIL: Public Authority Services by Sourcewise
Attn: Training Department
2115 The Alameda San Jose, CA 95126

FAX: 408-296-8340 Attn: Training Department