

PUBLIC AUTHORITY OFFICE

275 Beck Avenue, MS 5-190
Fairfield, CA 94533
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PUBLIC AUTHORITY ADMINISTRATOR

Teri Ruggiero, MPA

ADVISORY COMMITTEE

Kathy Mitsopoulos, Chair
Donna Brown, Vice Chair

PUBLIC AUTHORITY REGISTRY NOW ACCEPTING INTEREST FORMS

The **Solano County In-Home Supportive Services (IHSS) Public Authority** is pleased to announce the recruitment of new caregivers to the **Solano County IHSS Public Authority Registry**.

The primary purpose of the **Solano County IHSS Public Authority Registry** is to match the needs of IHSS clients with pre-qualified Registry Home Care Providers. Currently we are seeking qualified individuals for the Registry who minimally meet the following criteria:

- Able to work in the United States and possess a government-issued photo identification card and Social Security Card with names that match
- **Pay for** and pass a criminal background check through the IHSS program (\$47-\$70)
- Able to use their own insured car to get to work and transport IHSS clients to appointments and/or errands
- Have a high degree of availability and flexibility in work schedule
- Must be willing to assist clients with bowel and bladder care
- Must be professional with excellent communication skills, and able to multi-task
- Must be able to work as an integral member of a client-centered health care team
- Must have access to phone with answering service and e-mail
- Complete an application and provide 3 positive references

The following skills and training are highly desired:

- Able to lift over 50 pounds
- CNA, Home Health Aide, or Medical Assistant certifications
- Current First Aid and CPR
- Ability to provide paramedical services (wound care, respiratory care, injections, g-tubes, catheters)
- Ability to take blood pressure and diabetic blood sugar readings
- Ability to transfer bed-bound individuals
- Ability to cook for special diets

HOW TO APPLY:

If you would like to start the process, please print out and complete our Registry Interest Form in this packet and mail it to:

Solano County IHSS Public Authority:

Attn: Registry Recruitment
275 Beck Avenue, MS 5-190
Fairfield, CA 94533

Questions may be directed to the **Public Authority at (707)784-8200**; however we will not be able to mail interest forms to you.



SOLANO COUNTY PUBLIC AUTHORITY REGISTRY IMPORTANT INFORMATION

Thank you for your interest in the Solano County IHSS Public Authority Registry. Please read the following information carefully before completing the attached interest form. Once completed, please mail the **INTEREST FORM** to us at:

Solano County IHSS Public Authority:
Attn: Registry Recruitment
275 Beck Avenue, MS 5-190
Fairfield, CA 94533

The Public Authority Registry must invite you to apply to the Registry. Complete the attached **INTEREST FORM** and return it to the Public Authority as instructed on page 1. The **INTEREST FORM** is NOT an application.

The Public Authority Registry reviews INTEREST FORMS submitted on a quarterly basis. The following dates have been established where we will review all interest forms submitted and invite the most qualified individuals to apply:

- March 31st
- June 30th
- September 30th
- December 31st

The Public Authority Registry will verify information you provide on the INTEREST FORM. If you do not meet the Registry's minimum requirements, the Registry's current need, or if the INTEREST FORM is illegible or incomplete, you will NOT be considered further and we will send you a short letter informing you that we will keep your INTEREST FORM on file for one year. If you receive this type of letter, there is no need to resubmit an INTEREST FORM until the one-year expiration date has passed.

You will get a letter inviting you to apply to the Registry and for an in-person interview ONLY IF the INTEREST FORM you submit to us is complete, legible AND you meet the Registry's current needs.

TIPS FOR COMPLETING THE INTEREST FORM:

- Please PRINT clearly
- All Information on the form is required
- Remember to include postage and your return address on your mailing envelope



SOLANO COUNTY PUBLIC AUTHORITY REGISTRY INTEREST FORM – Page 1

Date:		2014	City you live in:	
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PERSONAL INFORMATION

LAST NAME	MIDDLE INITIAL	FIRST NAME

STREET ADDRESS	APT #

CITY	STATE	ZIP

PRIMARY PHONE #	ALTERNATE PHONE #	E-MAIL ADDRESS

CIRCLE GENDER	BIRTHDATE	LAST 4 digits of SSN#
Male Female		

PLEASE CHECK BELOW THE DAYS AND HOURS YOU ARE AVAILABLE TO WORK:

Day of Week	8am-12pm	12pm-5pm	After 5pm
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

How many hours per week are you looking to work?	
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PLEASE ANSWER THE FOLLOWING QUESTIONS

Do you have a car you are willing to use for work?	YES	NO
If you have a car, are you willing to transport clients for errands or medical appointments?	YES	NO
If you have a car, can you provide proof of insurance?	YES	NO
Are you willing to work for a client who smokes in the home?	YES	NO
Are you willing to work for a client who has pets?	YES	NO
Do you use scented grooming supplies (perfume, cologne, lotions?)	YES	NO
Would you be willing to <u>not use</u> scented grooming supplies for a scent-sensitive client?	YES	NO
Please list any languages other than English you speak.		

Are you an approved IHSS Provider?	YES	NO
If yes, how many recipients are you working for?		
How many hour's per pay period are you working		
Are you willing to work on-call for emergencies?	YES	NO
Are you willing to work as a fill-in caregiver when the regular caregiver is unavailable?	YES	NO
Are you willing to work overnight shifts?	YES	NO
Are you willing to work on holidays?	YES	NO

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

PLEASE USE THE SPACE BELOW TO EXPLAIN ANY LIMITATIONS YOU HAVE ON YOUR AVAILABILITY:



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SPECIAL TASKS

Note: It is expected that all Registry Providers are available for basic IHSS tasks such as dressing and grooming clients, feeding clients, and domestic tasks such as grocery shopping, light housekeeping, laundry, meal preparation and cleanup.

Task	Willing to Perform		# Years Experience, if any
	Yes	No	
<i>Bowel & Bladder Care</i>	Yes	No	
<i>Catheter & Ostomy</i>	Yes	No	
<i>Bathing Clients</i>	Yes	No	
<i>Enema & Suppositories</i>	Yes	No	
<i>Menstrual Care</i>	Yes	No	
<i>Oxygen</i>	Yes	No	

Task	Willing to Perform		# Years Experience, if any
	Yes	No	
<i>Administer Medication</i>	Yes	No	
<i>Trachea / Suction Device</i>	Yes	No	
<i>G-Tube</i>	Yes	No	
<i>Injections/ Blood Sugar</i>	Yes	No	
<i>Hoyer Lift</i>	Yes	No	
<i>Lifting/Transfer Clients</i>	Yes	No	

CLIENT POPULATIONS

Population	Willing to Work With		# Years Experience, if any
	Yes	No	
<i>Seniors</i>	Yes	No	
<i>Adults</i>	Yes	No	
<i>Children</i>	Yes	No	
<i>Developmentally Disabled</i>	Yes	No	

Population	Willing to Work With		# Years Experience, if any
	Yes	No	
<i>Males</i>	Yes	No	
<i>Females</i>	Yes	No	
<i>Physically Disabled</i>	Yes	No	
<i>Mental Health</i>	Yes	No	

SPECIAL CONDITIONS

Condition	Willing to Work With		# Years Experience, if any
	Yes	No	
<i>Alzheimer/ Dementia</i>	Yes	No	
<i>Blind</i>	Yes	No	
<i>Seizures</i>	Yes	No	
<i>Infectious Disease</i>	Yes	No	
<i>Quadriplegia</i>	Yes	No	
<i>Bedbound</i>	Yes	No	

Condition	Willing to Work With		# Years Experience, if any
	Yes	No	
<i>Traumatic Brain Injury</i>	Yes	No	
<i>Deaf</i>	Yes	No	
<i>Stroke</i>	Yes	No	
<i>Terminally Ill</i>	Yes	No	
<i>Special Diet</i>	Yes	No	
<i>Chronic Medical Conditions</i>	Yes	No	

