REGISTRY PROVIDER APPLICATION

☐ Local Check ☐ Interview Date ☐ Interview Time ☐ DOJ Date ☐ REVA Date

OFFICE USE ONLY

Ventura County
In-Home Supportive Services (IHSS)
Public Authority

VENTURA COUNTY
IN-HOME SUPPORTIVE SERVICES
Public Authority
4245 Market Street, Suite #213, Ventura, Ca. 93003
2900 Madera Road, suite #110, Simi Valley, Ca 93065
Phone: (805) 654-3416 Fax: (805) 654-3499

Name must be written as it is typed on Social Security Card.

Last Name		First Name	Middle Initial
Phone	Cell	Email Address	
Residence Address	City	Zip	
Mailing Address			
Social Security #	Driver's License or CA ID#	Expiration Date	
Date of Birth	Gender: ☐ Female ☐ Male	Ethnicity:	

DAYS AND HOURS AVAILABLE- PLEASE PLACE X IN SQUARES WHERE YOU ARE AVAILABLE

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mornings (8am-12pm)	☐	☐	☐	☐	☐	☐	☐
Afternoons (12-5pm)	☐	☐	☐	☐	☐	☐	☐
Evenings (5-7pm)	☐	☐	☐	☐	☐	☐	☐

Holidays ☐ **On-Call** ☐ **1-2 Hours** ☐ **Number of hours you want to work each week?** _____

PROVIDER PREFERENCES

Do you smoke? ☐ Yes ☐ No

Are you willing to transport clients in your own car? ☐ Yes ☐ No

Do you read/write English? ☐ Yes ☐ No

Client preference ☐ Male ☐ Female ☐ Either

Can you work "scent/fragrance free"? ☐ Yes ☐ No

Will you work for people who smoke? ☐ Yes ☐ No

Will you drive a client's car? ☐ Yes ☐ No

Will you work with clients with pets? ☐ Yes ☐ No

Are you willing to work with the following clients:

Disabled Children (under 18) ☐ Disabled Adults (18 and over) ☐ Disabled Elderly (65 and over) ☐

Geographic Areas– Please check the areas where you are willing to work

WEST COUNTY	EAST COUNTY
☐ Ventura	☐ Simi Valley
☐ Ojai	☐ Oak Park
☐ Camarillo	☐ Thousand Oaks
☐ Santa Paula	☐ Newbury Park
☐ Piru	☐ Moorpark
☐ Port Hueneme	☐ Westlake
☐ Fillmore	☐ Somis
☐ Oxnard	

Languages you Speak:

☐ English	☐ Farsi	☐ American Sign Language
☐ Spanish	☐ Arabic	☐ Armenian
☐ Tagalog	☐ Chinese	☐ Other _____

Have you ever been convicted of or pled "no contest" to a felony or misdemeanor charge, or been on parole or probation?

☐ Yes ☐ No

If "Yes", please list all convictions since your 18th birthday. On an attached page, list: offense date and place of conviction, sentence and date of release from custody and/or from probation/parole, and other facts you want considered. A "Yes" answer to this question is not an automatic bar to being on the Registry. Each case is considered individually.

_____

_____

_____

_____

_____

How long have you cared for the elderly or the disabled? _____

How did you hear about the Public Authority? _____

WORK REFERENCES: (PLEASE – DO NOT LEAVE THE FOLLOWING SECTION BLANK)

Please list your work experience, beginning with your most recent employment. Do not use family members as references. If you do not have work references we can contact, please provide other references such as volunteer experience, baby sitting, house cleaning, etc. We **will** contact the people you list below.

1

Employer Name: _____ Related Duties: _____

Supervisor Name: _____ _____

Supervisor Phone: _____ Reason for Leaving: _____

Employment Dates: _____ _____

2

Employer Name: _____ Related Duties: _____

Supervisor Name: _____ _____

Supervisor Phone: _____ Reason for Leaving: _____

Employment Dates: _____ _____

3

Employer Name: _____ Related Duties: _____

Supervisor Name: _____ _____

Supervisor Phone: _____ Reason for Leaving: _____

Employment Dates: _____ _____

Please list two people you know personally whom we can contact as references. Please do not list family members.

1 **Name:** _____ **Home Phone:**_____

How do you know this person? _____ Work Phone: _____

How long known? _____

2 **Name:** _____ **Home Phone:**_____

How do you know this person? _____ Work Phone: _____

How long known? _____

Emergency Contact:

Name: _____**Relationship:** _____**Phone Number:** _____

I certify that the above is true. I understand that any false information may eliminate me from enrollment on the IHSS Registry. I understand that misrepresentation or omission of facts called for is cause for removal from the IHSS Registry. I understand that my name and phone number may be placed on a list to be given to recipients.

I understand that I am not an employee of Ventura County In-Home Supportive Services and that the In-Home Supportive Services recipient *is* my employer.

Applicant Signature: _____Date: _____