

San Benito County
Public Authority Registry for IHSS

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PA-IHSS@sanbenitocountyca.gov

REGISTRY APPLICATION FOR CONSUMER

*Applicant Name	Preferred Name	*Last Name
*Home Address	City/State	Zip Code
Mailing Address (If different from above)	City/State	Zip Code
*Cell Phone	*Email	

GENERAL INFORMATION

*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	*Date of Birth	*IHSS Case #
Monthly Hours	*Ethnicity	How did you hear about us?
Height (Ft.-in.)	Weight (Lbs.)	Mobility

REFERRALS

*Referrals Preferred via Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No	*Referrals Preferred via E-Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No	*Preferred Cover Letter Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
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LANGUAGE

*Primary Language Spoken	Other:	<input type="checkbox"/> English	<input type="checkbox"/> Spanish
Secondary Language Spoken	Other:	<input type="checkbox"/> English	<input type="checkbox"/> Spanish
*Primary Language Written	Other:	<input type="checkbox"/> English	<input type="checkbox"/> Spanish

CONTACTS

*First Name	Middle Initial	*Last Name
*Relationship to the Consumer	*Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Mailing Address	City/State	Zip Code
*Referrals Preferred via Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No	*Referrals Preferred via E-Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Cell Phone	*Email	
Authorized Representative: <input type="checkbox"/> Yes <input type="checkbox"/> No	Conservator: <input type="checkbox"/> Yes <input type="checkbox"/> No	Release of Information: <input type="checkbox"/> Yes <input type="checkbox"/> No

SPECIAL REQUIREMENTS ARE PRESENT

<input type="checkbox"/> Adult with Developmental Disabilities: Autism, Brain Injury, Cerebral Palsy, Epilepsy, etc.	<input type="checkbox"/> Elderly
<input type="checkbox"/> Adult with Physical Disabilities	<input type="checkbox"/> Hospice Care
<input type="checkbox"/> Alzheimer's or Dementia	<input type="checkbox"/> Memory Problems
<input type="checkbox"/> Blind/Vision Impaired	<input type="checkbox"/> Mental Health Issues: Bi-Polar, Hoarding, OCD Obsessive Compulsive Disorder, Schizophrenia, etc.
<input type="checkbox"/> Child/Minor with Developmental Disabilities: Autism, Brain Injury, Cerebral Palsy, Epilepsy, etc.	<input type="checkbox"/> Quadriplegic
<input type="checkbox"/> Child/Minor with Physical Disabilities	<input type="checkbox"/> Scent-Free
<input type="checkbox"/> Contagious Disease (Infectious Disease or Communicable Disease Easily Transmitted by Physical Contact or Proximity)	<input type="checkbox"/> Speech Impairment/Unable to Speak
<input type="checkbox"/> Deaf/Hearing Impaired	<input type="checkbox"/> State of Emergency
<input type="checkbox"/> Smoking: No Smoking	<input type="checkbox"/> Smoking: Smoking Inside & Outside <input type="checkbox"/> Smoking Outside Only

CONSUMER NEEDS

<input type="checkbox"/> Car/Vehicle: Equipped with Ramp/Lift	<input type="checkbox"/> Car/Vehicle: Standard Passenger Vehicle
<input type="checkbox"/> Read & Write English	<input type="checkbox"/> Scheduling Needs: Holidays
<input type="checkbox"/> Scheduling Needs: Live-In Assignment	<input type="checkbox"/> Scheduling Needs: Emergency/Back-Up Provider
<input type="checkbox"/> Scheduling Needs: Short-Term Respite Assignment	<input type="checkbox"/> Scheduling Needs: Urgent Care
<input type="checkbox"/> Transfers: Can Transfer Obese Consumers	<input type="checkbox"/> Transfers: Gait Belt Transfer
<input type="checkbox"/> Transfers: Hoyer Lift Transfer	<input type="checkbox"/> Transfers: Pivot Transfer
<input type="checkbox"/> Transfers: Sliding Board Transfer	<input type="checkbox"/> Work with Diabetics
Smoking: <input type="checkbox"/> No Preference If Provider Smokes or Not <input type="checkbox"/> Provider Must Be A Non-Smoker <input type="checkbox"/> Provider Is Allowed To Smoke While Working	<input type="checkbox"/> Provider Can Be A Smoker But Must Not Smoke While Working, Smoking Outside During Breaks is Ok <input type="checkbox"/> Provider Can Be A Smoker But Must Not Smoke While Working or During Breaks

SPECIFIC NEEDS

PREFERRED PROVIDER GENDER

No Preference Yes: Female Male

CONSUMER HAS THESE ANIMALS

Birds (Caged) Cats Dogs
 Reptiles (Caged) Other

REQUIRED LANGUAGE

<input type="checkbox"/> Provider Must Speak All of the Selected Languages	<input type="checkbox"/> Provider May Speak Any of the Selected Languages
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	

REQUIRED LICENSES & CERTIFICATES

CNA CPR FIRST AID EMT RN RNA TB TEST CERTIFICATE

GEOGRAPHIC AREAS – Please check the city or area where applicant lives:

Aromas Hollister Paicines Panoche San Juan Bautista Tres Pinos New Idria

CONSUMER AUTHORIZED SERVICES

<input type="checkbox"/>	Domestic Services (basic house cleaning – sweep, mop, vacuum, dust, etc.)	<input type="checkbox"/>	Transfer <input type="checkbox"/> Hoyer Lift <input type="checkbox"/> Slide Board <input type="checkbox"/> other:
<input type="checkbox"/>	Preparation of Meals	<input type="checkbox"/>	Bathing, Oral Hygiene, and Grooming
<input type="checkbox"/>	Meal Clean Up	<input type="checkbox"/>	Rubbing Skin/Repositioning (legs/foot massages, assist with range of motion exercises)
<input type="checkbox"/>	Laundry	<input type="checkbox"/>	Care and Assistance with Prosthesis & Medication (assist with hearing aids, prosthetic limbs)
<input type="checkbox"/>	Shopping for Food	<input type="checkbox"/>	Accompaniment to Medical Appointments
<input type="checkbox"/>	Other Shopping/Errands	<input type="checkbox"/>	Accompaniment to Alternative Resources
<input type="checkbox"/>	Respiration	<input type="checkbox"/>	Protective Supervision
<input type="checkbox"/>	Bowel & Bladder Care (assist with using restroom, changing diapers, etc.)	<input type="checkbox"/>	Paramedical Services
<input type="checkbox"/>	Feeding (assist client with eating meals)	<input type="checkbox"/>	Heavy Cleaning
<input type="checkbox"/>	Routine Bed Baths	<input type="checkbox"/>	Yard Hazard Abatement
<input type="checkbox"/>	Dressing (put on/take off clothes, shoes)	<input type="checkbox"/>	Removal of Snow, Ice
<input type="checkbox"/>	Menstrual Care	<input type="checkbox"/>	Teaching & Demonstration
<input type="checkbox"/>	Ambulation (assist with walking or transfer)		

SELECT THE DAYS AND TIMES APPLICANT IS GENERALLY AVAILABLE TO RECEIVE SERVICES

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Early Morning (6am-8am)							
Morning (8am – 10am)							
Late Morning (10am – 12pm)							
Noon hour (12pm – 1pm)							
Afternoon (1pm – 3pm)							
Late Afternoon (3pm – 5pm)							
Evening (5pm – 7pm)							
Late Evening (7pm – 9pm)							
Night (9pm – 11pm)							
Late Night (11pm – 1am)							
Overnight (12am – 8am)							