

## WEST MARIN SENIOR SERVICES

### Home Care Provider Registry Application

Thank you for applying as a personal homecare worker with **West Marin Senior Services**. In order to be considered for placement on the **WMSS Personal Homecare Worker Registry** applicants will:

1. Agree to a confidential background check as required by our insurance carrier. WMSS conducts a confidential background check which includes verification of the applicant's social security number, pending or past felony criminal record, the sex offender registry, and a Department of Motor Vehicle report.
2. Provide legal identification:
  - Current California Driver's License or California Identification Card or Work Visa
  - Social Security Card
  - Current Vehicle Registration (if you own a car)
  - Current Automobile Insurance (if you own a car)
3. Have at least a **minimum of three** recent homecare experiences if you plan to be a "hands-on" caregiver and will be entering a senior's home. If your employer is deceased, please submit the name and phone number of his/her family member. If you are solely interested in driving and running errands for a client, you will not need homecare experience. However, we require the names and phone numbers of at least **3** references.
4. Submit a **\$25.00 non-refundable** processing fee with your application. Please make your check or money order payable to **West Marin Senior Services**.

Please be sure to enter information in **each** and **every** portion of this application as this will expedite the process. Your application **will not be processed** without accurate names and working telephone numbers for your professional and personal references. In addition, please submit any/all certificates including First Aid, CPR, C.N.A. licenses or Personal Homecare Worker certificates. After you have completed your application mail or drop it off at our office:

**West Marin Senior Services, P. O. Box 791, 11435 HWY 1, Pt. Reyes Station, CA 94956**

Upon receipt of your completed application, we will review it carefully, check your references, conduct the confidential background check, and schedule you for an interview. If you are approved you will be added to the **WMSS Home Care Provider Registry**. You will work as an independent contractor, not as an employee of WMSS. Your employer will be the person hiring you.

If you have any questions, please contact us at **415-663-8148 x 101**.

## WEST MARIN SENIOR SERVICES PERSONAL HOME CARE WORKER REGISTRY APPLICATION FORM

Last Name:		First Name:		M I:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:		City:		Zip Code:	
Mailing Address:		City:		Zip Code:	
Email Address:		Social Security #:		Birth date:	/ /
Daytime Phone #: (      )	Cell #: (      )			Pager #: (      )	
<b>Ethnicity:</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> African/American <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____					
Primary Language:		Languages Spoken:			
<b>Driving Skills and Access to a Car:</b> Do you own or have use of a car to get to jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No    Does your insurance cover injury to a client? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to use your car to drive clients? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>WORK PREFERENCES</b>					
<b>Check all of the areas that you are willing to work:</b> <input type="checkbox"/> Bolinas/Stinson/Muir Beach <input type="checkbox"/> Inverness /Pt. Reyes Station <input type="checkbox"/> Marshall/Tomales/Dillion Beach <input type="checkbox"/> San Geronimo Valley/Nicasio <input type="checkbox"/> Stockstill House		<b>Wages:</b> What is the minimum wage you will accept? \$ _____ Are you willing to work for IHSS (\$20.15 hr.)? <input type="checkbox"/> Yes <input type="checkbox"/> No  We would like to encourage you to answer "yes." The hourly rate is \$20.15, plus health benefits for eligible IHSS providers who work 85 hours or more each month. For more information contact: <b>IHSS – Public Authority of Marin at 415-499-1024.</b>			
<b>Type:</b> <input type="checkbox"/> Part-time <input type="checkbox"/> Weekends <input type="checkbox"/> Full-time <input type="checkbox"/> 24-Hour <input type="checkbox"/> Live-in <input type="checkbox"/> Overnight		<b>Hours:</b> Check the days and times that you are currently available.  <b>Morning</b> <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <b>Afternoon</b> <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <b>Evening</b> <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <b>Overnight</b> <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <b>How many hours per week are you interested in working?</b>			
<b>TRAINING AND CERTIFICATION</b> <input type="checkbox"/> PHCW <input type="checkbox"/> FIRST AID <input type="checkbox"/> CPR <input type="checkbox"/> C.N.A. <input type="checkbox"/> CHHA <input type="checkbox"/> LVN/LPN <input type="checkbox"/> Other: <hr/>		<b>Answer the following questions by checking the appropriate box:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No   Will you accept clients who smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No   Will you accept clients with pets in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No   Do you have a physical condition or special requirements which may limit your ability to perform the job (i.e.: back problems, allergies, etc.)?  <b>If yes, explain:</b> _____ <hr/>			

**WORK EXPERIENCE**

Check if you have experience with any of the following:

**Health/Disability:**

<input type="checkbox"/> Alzheimer's/Dementia	<input type="checkbox"/> Environmental Illness	<input type="checkbox"/> Multiple Sclerosis (MS)
<input type="checkbox"/> Cancer	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Paraplegic/Quadriplegic
<input type="checkbox"/> CHF/COPD	<input type="checkbox"/> Hospice/End of Life Care	<input type="checkbox"/> Stroke/TIA/cerebrovascular disease
<input type="checkbox"/> Developmental disability	<input type="checkbox"/> Mental Health Issues	<input type="checkbox"/> Traumatic Brain Injury (TBI)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Multiple Sclerosis (MS)	<input type="checkbox"/> Terminal Illness

**Personal Care:**

<input type="checkbox"/> Bathing	<input type="checkbox"/> Feeding	<input type="checkbox"/> Transfers: Hands-on
<input type="checkbox"/> Bladder/Bowel Assist	<input type="checkbox"/> Grooming	<input type="checkbox"/> Transfers: Stand-by
<input type="checkbox"/> Dressing	<input type="checkbox"/> Mobility	<input type="checkbox"/> Transfers: Total Assist
<input type="checkbox"/> Catheter/Colostomy		

**Domestic:**

<input type="checkbox"/> Basic Housecleaning	<input type="checkbox"/> Laundry	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Gardening/Yard Work	<input type="checkbox"/> Meal Prep & Clean Up	
<input type="checkbox"/> Help w/Exercise	<input type="checkbox"/> Medication Management	
<input type="checkbox"/> Heavy Cleaning	<input type="checkbox"/> Shopping & Errands	

**WORK AND VOLUNTEER HISTORY**

Please list your work experience, especially related to in-home care with the elderly and disabled, beginning with your most recent employment. Community references may be used.

Reference's Name and Title:	Company Name:	Reference's Phone:	
Your Title/Position:		Start Date	End Date:
Job Duties and Responsibilities:			
Reason for leaving:			
Reference's Name and Title:	Company Name:	Reference's Phone:	
Your Title/Position:		Start Date:	End Date:
Job Duties and Responsibilities:			
Reason for leaving:			
Reference's Name and Title:	Company Name:	Reference's Phone:	
Your Title/Position:		Start Date:	End Date:
Job Duties and Responsibilities:			
Reason for leaving:			

**PERSONAL REFERENCES**

Provide the names of **three** people you are not related to whom you have known for at least **one** year.

Name:	Telephone #:
Business:	Years Acquainted:
Name:	Telephone #:
Business:	Years Acquainted:
Name:	Telephone #:
Business:	Years Acquainted:

**Have you been convicted of a felony within the last 10 years or have a pending felony charge?**  Yes  No

If yes, explain:

**Have you been convicted of a misdemeanor within the last 10 years or have a pending misdemeanor charge?**  Yes  No

If yes, explain:

**Have you had a substance abuse problem within the last 5 years?**  Yes  No

If yes, explain:

TB Test (Most recent date):	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative
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**AUTHORIZATION**

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any false statements on this application will eliminate me from the registry.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise. I understand that this information will remain confidential.

Signature:	Date:
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## West Marin Senior Services Criminal History Record Check Policy

Criminal history record checks will be conducted for all applicants for positions that require direct contact with individuals considered vulnerable by West Marin Senior Services and that require the delivery of services in the homes of vulnerable individuals. Vulnerable individuals include seniors, children, dependent adults and people with disabilities. Criminal record checks will also be conducted as required to comply with laws or regulations, or insurance requirements.

Individuals are permanently disqualified from holding positions that require contact with any vulnerable individuals if they have a history of any violent or sexually exploitive behavior or elder abuse.

Individuals are permanently disqualified from holding positions that require contact with children or elders if their criminal records include any *past history of sexual abuse of children or elders, or conviction for any crime in which children or elders were involved*.

Other than stated above, a conviction for a criminal offense will not automatically disqualify an applicant for a position with West Marin Senior Services. Applicant's criminal history records will be evaluated in the context of the specific position for which the application is submitted and the factors listed below:

- *How recent and what circumstances surround the conduct in question* – crimes that occurred with the past year or two are deemed to be more reliable indicators of an individual's qualification status for positions than crimes that occurred many years ago. However, any conviction for child sexual abuse, rape or other sexually exploitive offences, or elder abuse constitutes an unacceptable level of risk extending throughout an individual's life.
- *The age of an individual at the time of the offense* –
- *Societal conditions that may have contributed to the nature of the conduct* – while social conditions will not excuse behavior, the context in which illegal behavior occurred will be considered.
- *The probability that an individual will continue the type of behavior in question* –
- *The individual's commitment to rehabilitation and to change the behavior in question* –

Applicants for employment, volunteer service with West Marin Senior Services, or the WMSS Home Care Registry must sign an Authorization Statement thereby permitting the organization to initiate criminal history record checks required by this policy.

### West Marin Senior Services Authorization Statement for Criminal History Record Check

I, \_\_\_\_\_ (print your name), hereby authorize **West Marin Senior Services** to obtain information pertaining to any charges and conviction I may have had for violation of municipal, county, state or federal laws. This information will include, but not be limited to, convictions for crimes committed upon elders and minors. I understand that this information will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency. I further understand that until West Marin Senior Services receives notification from that agency clearing me, my application will be deferred.

As an applicant for a staff/volunteer position, or listing on the caregiver Registry, I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendre or guilty to any offense. Further, other than for the offenses I have disclosed, I have not had a finding of delinquency or entered a plea of nolo contendre or guilty to a petition of delinquency under the juvenile laws of this state or any other state.

I understand that I must be truthful and, if any statement I made is found to be false, I will be denied the position for which I am making application or, if already accepted, terminated from my position.

<b>Signature of Applicant:</b>			<b>Date:</b>
<b>Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Date of Birth (month/day/year):</b>	<b>Social Security Number:</b>		<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
<b>Driver's License Number:</b>	<b>State of Issuance:</b>		<b>Expiration Date (month/date/year):</b>

## **WEST MARIN SENIOR SERVICES HOMECARE WORKER STANDARDS OF CONDUCT**

**West Marin Senior Services** maintains a home care registry to assist individuals and families in finding qualified, affordable in-home help. West Marin Senior Services Care Managers help match qualified caregivers with clients and may serve in a supervisory role by coordinating the care provision team. The client or the client's family and not West Marin Senior Services, become the employer of the home care worker. Our primary obligation is to serve our clients and we rely on their report of satisfaction or dissatisfaction in retaining home care workers on our registry.

**West Marin Senior Services** reserves the right to remove personal home care workers from the registry when complaints are received from a client or WMSS Care Managers. **A personal home care worker may be subject to immediate removal from the registry for any of the following reports of:**

1. Absence without cause or notification
2. Dishonesty or misrepresentation of experience or qualifications
3. Discourtesy towards clients
4. Pattern of not showing for interviews without advance notice
5. Unauthorized disclosure of confidential information
6. Use, possession or being under the influence of alcohol or illegal substances while on duty
7. Leaving the job without adequate notice
8. Possession of a firearm or other dangerous weapons while on duty
9. Conviction of, or arrest pending trial, for a crime which raises a threat to the safety or well-being of a client
10. Malicious damage to or theft of personal property
11. Exceeding West Marin Senior Services agreed upon salary without proper notification to the client and Care Manager
12. Providing clients names, phone numbers to non-WMSS employees without the client's permission
13. Bringing children, family, friends or pets to the job or the job interview without permission
14. Accepting inappropriate gifts or money from the client
15. Engaging in financial transactions with the client other than the exchange of wages
16. Failure to report incidents of elder abuse (from others or by self-neglect), or failure to communicate significant changes in client's condition with assigned WMSS Care Manager
17. Any other reports similar to the above which may cause harm/loss to the client or their property

**I have read the Standards of Conduct and agree to abide by them.**

<b>Signature of Applicant:</b>	<b>Date:</b>
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## UNIVERSAL PRECAUTIONS

**Universal precautions** refers to the practice, **in medicine**, of avoiding contact with patients' bodily fluids, by means of the wearing of nonporous articles such as **medical gloves, goggles, and face shields**.

Under universal precautions all patients are considered to be possible carriers of blood-borne pathogens. Guidelines recommend wearing gloves when collecting or handling blood and body fluids contaminated with blood and wearing face shields when there is danger of blood splashing on mucous membranes and when disposing of all needles and sharp objects in puncture-resistant containers.

Universal precautions are recommended for doctors, nurses, patients, and health care support workers who are required to come into contact with patients or bodily fluids. This includes staff and others who may not come into direct contact with patients.

Universal precautions should be practiced in an environment where workers are exposed to bodily fluids, such as: **amniotic fluid, blood, cerebrospinal fluid, feces, urine, nasal secretions, peritoneal fluid, perspiration, pleural fluid, saliva, sputum, synovial fluid, vomitus**.

**WEAR** disposable gloves whenever you will be: touching any body fluids, particularly blood; examining the mouth or assisting with dental care; coming in physical contact with anyone who has open cuts or lesions.

**DO NOT REUSE GLOVES; THROW THEM AWAY AFTER EACH USE.**

**WASH** your hands with liquid soap (not bar soap) and running water:

- **Before** preparing food, before and after eating.
- **After** using the restroom.
- **Before** and **after** administering first aid.
- **After** contact with any body fluids (blood, saliva, vomit, feces, urine, semen, menstrual flow, wound drainage, nasal discharge, etc.)
- **After** removing disposable gloves

**USE** care when disposing of trash:

- Use trash containers lined with plastic bags when disposing garbage that contains blood & body fluids.
- Put needles, syringes or other sharp objects in a special puncture proof container which can be obtained from Marin's Household Hazardous Waste (415-485-6806). **DO NOT BEND BREAK OR RECAP NEEDLES.**
- Tie plastic bag and discard daily.

**BANDAGES:** Cover all open or draining areas with a 4x4 bandage.

**DISINFECTANTS:**

- Chlorine bleach diluted 1:10 and mixed daily or Environmental Protection Agency approved disinfectant.
- Clean **ALL** areas (table tops, toilets, sinks, desks, etc...) soiled with blood and body fluids with soap and water.
- Rinse with water before using chlorine bleach solution.

**I have read the Universal Precautions and fully understand the risks.**

Signature of Applicant:

Date: