



# PUBLIC AUTHORITY

*In-Home Supportive Services  
San Diego County*

## Registry Provider Availability Update

In order to remain on the Registry, **it is a monthly requirement and your responsibility to update your availability and any information that may have changed**

- If your last name begins with the letter: A-M, you must update your availability between the 1st and the 15th of every month.
- If your last name begins with the letter: N-Z, you must update your availability between the 16th-31<sup>st</sup> of every month.

**Note:** You must be an active Registry Provider to submit this information.

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<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>
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<b>Current Street address</b>	<b>Apt/unit #</b>
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<b>City</b>	<b>Zip Code</b>	<b>Last 6 numbers of social security</b>
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**E-mail address:** \_\_\_\_\_

**1. Please list a current phone number where Consumers can call you for work**

(     ) \_\_\_\_\_

**2. Are you available to accept work from NEW Consumers?**

**Yes**      **No**

**3. If you answered No to question #2, write the names of any IHSS Consumers you are currently working with and then go to question #6:**

**a.** \_\_\_\_\_ **b.** \_\_\_\_\_ **c.** \_\_\_\_\_

*Quality Service = Quality Care*

**4. Check days and times you are available to accept work for NEW Consumers:**

Check all that apply	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mornings							
Afternoons							
Evenings							

**5. How many hours a week are you available to work for IHSS Consumers?**

5-10 hours       10-15 hours       15-20 hours       20-25 hours

25-30 hours       30-35 hours       40 or more hours

**6. How many miles are you willing to drive or commute from your home to work for a Consumer?**

10 miles       15 miles

**7. Do you have a car that can be used when working with Consumers?**

Yes  No

\*\*Please remember that you should be the only person driving the Consumer. You cannot ask another person to drive the Consumer on your behalf.

**8. By signing my name below, I certify that the above information is to the best of my knowledge, true and complete. I understand that any false information may eliminate me from being on the Registry.**

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Signature

Date

**Mail this form to:**

**County of San Diego IHSS Public Authority  
 Attention: Registry Dept.  
 401 Mile of Cars Way, Ste. 200  
 National City, 91950**