



### 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 and the 31st of every month.

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

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**First Name**

**Middle Initial**

**Last Name**

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**Current Street Address**

**Apt/Unit #**

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**City**

**Zip Code**

**Last 4 Numbers of Social Security**

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**E-mail Address:** \_\_\_\_\_

1. Please list a current phone number where IHSS 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 #8:  
 a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

**4. Check days and times you are available to accept work for NEW IHSS 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 an IHSS Consumer?**

10 miles       15 miles

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

Yes  No

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

**Public Authority  
Attention: Registry Dept.  
401 Mile of Cars Way, Ste. 200  
National City, CA 91950**