



Fresno County Public Authority Registry Provider Service & Release Agreement

This Agreement will be effective from the date you are/were approved to join the Fresno County In-Home Supportive Services (IHSS) Public Authority (PA) Registry. Your signature at the end of this document represents your acknowledgment and agreement to the following:

1. I understand and concur that:
 - a. the Fresno County Public Authority Registry is a free service that assists IHSS Recipients with locating a qualified Care Provider that can meet their service needs,
 - b. the Fresno County Public Authority does NOT guarantee employment,
 - c. the Public Authority Provider Registry is a referral service for IHSS Recipients and Providers, and it is not an employment agency.
2. I understand and concur that the IHSS Recipient is my employer, not Fresno County IHSS or the Public Authority.
3. I understand and concur that:
 - a. the Fresno County Public Authority Registry does not perform criminal background checks of IHSS Recipients; therefore, I must use my own judgment and agree to assume any risk when accepting employment with a Recipient,
 - b. the Fresno County Public Authority Registry has no responsibility for employment matters, such as injuries, dispute resolution, theft, losses, and disagreements.
4. I understand and concur that:
 - a. if I am accepted onto the Fresno County Public Authority Registry, my name may be included on lists given to persons who are seeking assistance in their homes (IHSS Recipients and their designees),
 - b. the Fresno County Public Authority retains the exclusive right to list, refer, suspend, or remove and individual Provider from the Registry.
5. I understand and concur that the Fresno County Public Authority removal from the Registry policy outlines minor and major complaint violations. Substantiated violations to the policy would be grounds for removal from the Provider Registry.

Phone: (559) 600-6666 ~ FAX: (559) 243-7485

Mailing Address: P.O. Box 1912, Fresno, California 93718-1912

<https://www.fresnocountyca.gov/PA>

Equal Employment Opportunity | Affirmative Action | Disabled Employer

6. I understand and concur that as an ongoing condition of the Fresno County Public Authority Registry participation, I am required to keep my information current and updated every month by calling (559)600-6666 Option 4, by responding to the monthly email reminder or via emailing pa_checkin@fresnocountyca.gov.
7. I understand and concur that:
 - a. if I fail to keep my information current and updated, I will be issued a warning letter advising me to contact the Fresno County Registry within fourteen (14) days from the issue date of the letter,
 - b. if I fail to contact the Registry within fourteen (14) days, my status will be changed to “closed” and I would need to reapply to be considered being placed back on the registry.
8. I understand and concur that:
 - a. to comply with all IHSS and/or Registry policies, procedures, and directives (available upon request),
 - b. to cooperate fully with IHSS and the Public Authority Registry personnel.
9. I understand and concur that as a Mandated Reporter, I am required to report any known or suspected instances of abuse or neglect immediately, including physical abuse, sexual abuse, financial abuse, abduction, neglect (self-neglect), isolation, and abandonment.
 Adult Protective Services (559) 600-3383 or (559) 418-1426
 Child Protective Services (559) 600-8320
10. I understand and concur that any attempt at fraudulently claiming payment from the IHSS program will be referred to the District Attorney’s Office for prosecution, and my provider information may be disclosed in any fraud investigation leading to civil and criminal proceedings for fraud.

By agreeing to join the Registry, I hereby release and hold harmless the Public Authority and County of Fresno and each of their elected officials, agents, employees, affiliates, of and from any and all disputes, grievances, claims, demands, liabilities, actions or causes of action, known or unknown, whether based on statute, tort, including but not limited to negligent or intentional torts, contract or any other theory of recovery, and whether for compensatory or punitive damages, including but not limited to any and all claims asserted or arising out of or in any way connected in any way to the Registry, its services or denial of services, or its actions or failures to act. This Release is also made on behalf of my personal representatives, family, dependents, heirs, and assignees. This Release does not affect any rights or claims I may have either under the SEIU Local 2015 Agreement, or against the State of California under Workers Compensation or Unemployment Insurance laws.

By signing below, I attest that I have read and understand the content of the Fresno County Public Authority Registry Provider Service & Release Agreement. I have received a copy of this Agreement for my records and agree to abide by the Agreement as a condition of remaining a Registry Provider.

I understand that if I have questions at any time, I may consult the Fresno County Public Authority Registry at (559) 600-6666 option 4.

Provider Signature: _____

Provider Printed Name: _____ Date: _____

Please return this form within 15 calendar days from the date indicated above.