

In-Home Supportive Services Public Authority of San Francisco

Job Description: On-Call Home Care Worker

THE POSITION

These part-time, temporary, on-call positions report to the On-Call Coordinators under the direct supervision of the Deputy Director of the Public Authority. These positions involve responsibility for providing short-term, urgently-needed personal care and domestic services related to the personal care to IHSS consumers and under their direction. Work is provided as available and in response to requests by qualified consumers. There is no guarantee of a minimum number of hours of work per month.

All new On-Call workers who do not meet the required qualifications listed below will be considered transitional employees of the Public Authority until they receive at least three positive references from consumers they are sent to assist. The On-Call Coordinators will follow-up with the consumers after the On-Call worker provides assistance to the consumers.

THE DUTIES

- Be available to receive phone calls on scheduled evenings from 8:00 to 9:00 PM and on scheduled weekend and holiday mornings from 9:00 to 10:00 AM;
- Be willing to leave to go to a job for an IHSS consumer within 1 hour of receiving a call from Public Authority staff;
- Provide short term personal care (assistance with feeding, bathing, lifting or transferring, etc.) and/or domestic services (cooking, shopping, etc.) authorized by the Public Authority in a safe, efficient manner and in accordance with the directions provided by the Public Authority and the IHSS consumer;
- Perform the home care services in accordance with accepted standards of home care providers;
- Complete and submit to the Public Authority necessary forms, including the On-Call Worker Time Sheet;
- Attend orientation and training as required by the Public Authority;
- Cooperate with the Public Authority as requested and necessary to resolve any issues that might arise; perform other duties as required; and follow procedures of the Public Authority.

REQUIRED QUALIFICATIONS

- On the Public Authority Registry for a minimum of 3 months and experience providing personal care to 1 or more IHSS consumers who hired the worker from an IHSS Public Authority referral list and who recommend the worker and confirm that the worker is reliable and provides high quality services;
- Not on warning or other disciplinary status with the Public Authority;
- Willing to serve most types of consumers in most neighborhoods of San Francisco on a short-notice, intermittent, short-term, on-call basis;

PAY AND BENEFITS

- Pay is \$13.00 per hour of service to the consumer. Each job has a two hour pay minimum (\$26.00). An additional \$5.00 per round trip to a job will be paid. There is no guarantee of a minimum number of hours of employment per month. In lieu of the \$5, workers traveling in a dangerous area may be reimbursed for taxi rides if they are approved in advance and submit a signed receipt for the taxi driver. The Public Authority will deduct and/or pay the following benefits and taxes as required by law: Federal Insurance Contribution Act (FICA); state Unemployment Insurance (UI); personal income tax as required in accordance with federal W-4 form instructions; state Employment Training Tax (ETT); and state Worker's Compensation Insurance.
- No other benefits (such as retirement contributions, paid medical or health plan coverage, vacation, sick leave, holiday or other paid time-off) are provided.
- There are two pay periods ending on the 15th and the last day of the month. Time sheets are process three working days before the end of the pay period. Time sheets that are received after the deadline or from previous pay periods will be process on the next pay cycle.

APPLICATION

The applicant must be invited to apply by the Public Authority and must complete and submit an employment application. A separate resume may be included in addition to the application.

IHSS Public Authority of San Francisco

Application for On-Call Worker

Name:.....

Current Address.....

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Current Phone.....

Message Phone.....

Pager:.....

Please list the names of consumers of the IHSS Public Authority Registry you have worked for:

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1. I confirm that the information on my original application to the IHSS Public Authority and on this application and on any accompanying resume is accurate to the best of my knowledge.

2. I agree to accept a position as On- Call Worker as described on the job description provided to me.

3. I am qualified, experienced and have the skills to provide personal care assistance and domestic services, similar to those provided through the San Francisco IHSS program, to people who are elderly or disabled and live in their own homes.

Signed..... Date.....

cc: On-Call Worker
Original to On-Call Worker Personnel File