



Registry and Referral System

Homecare Worker User Manual

January, 2012



Registry and Referral System HCW User Guide

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Introduction

In 2000, the citizens of Oregon voted to amend the State Constitution to create the Oregon Home Care Commission (OHCC). The OHCC is responsible for ensuring the quality of homecare services that are funded through the Department of Human Services for seniors and people with disabilities. The OHCC fulfills its responsibilities by:

- Establishing qualifications for homecare workers (HCWs).
- Providing training opportunities for HCWs and for seniors and adults with physical disabilities who employ HCWs.
- ***Establishing and maintaining a registry of qualified HCWs to provide routine, emergency, and respite referrals to individuals who employ HCWs.***

The OHCC Registry and Referral System (RRS) was developed with input from users, including:

- Consumer/employers
- Homecare Workers
- Employees of the Oregon Department of Human Services (DHS) service delivery system.

How the RRS Works

After a HCW is approved to work, answers from the HCW's application are entered into the RRS. HCWs update their information about their availability for referral to work.

Consumer/employers who need to hire HCWs enter their needs and preferences into the RRS. The system matches employer requests with HCW information, including:

- Language
- Gender, if important to employers
- Pets
- Preferences about smoking
- Days and times HCWs are needed
- Services required
- Employer location
- OHCC sponsored trainings

Employers get a Matching Homecare Worker List, with workers ranked by how well they match employer requests. These lists include, for each HCW:

- Name
- Provider Number
- Phone Number(s)
- City of Residence
- Whether the HCW has been referred to the employer before.
- An asterisk (*) if the worker has received Professional Development Recognition

<ul style="list-style-type: none"> Transportation Language HCW Availability Services Schedule HCW Training Employer Request HCW Summary OTHER Glossary Employer Brochure STEPS Fact Sheet 	Previous Continue																																			
Page 1 of 2	Printable Version <small>(For Internal Use Request ID: 87597)</small>																																			
<p>To see specific HCW information, check the Display Detail box(es) for any or all HCWs listed below. Click Continue.</p>																																				
<h3>Matching Homecare Workers</h3> <p>The matches below are based on the information entered in your request for a referral and the Homecare Worker's information. You are responsible for, and encouraged to, verify all Homecare Worker information and assess the Homecare Worker's ability during an interview. This includes checking references and other appropriate information.</p>																																				
<table border="1"> <thead> <tr> <th colspan="7">Matching Homecare Worker List</th> </tr> <tr> <th>Provider #</th> <th>HCW Name</th> <th>Phone Number</th> <th>Phone Number</th> <th>City Of Residence</th> <th>Previous Referral</th> <th>Display Detail</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td>Portland</td> <td>YES</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Portland</td> <td>NO</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Beaverton</td> <td>NO</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Matching Homecare Worker List							Provider #	HCW Name	Phone Number	Phone Number	City Of Residence	Previous Referral	Display Detail					Portland	YES	<input type="checkbox"/>					Portland	NO	<input type="checkbox"/>					Beaverton	NO	<input type="checkbox"/>
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By checking Display Detail, employers can view more information about selected HCWs.

Employers who would like for HCWs to contact them may also choose to post information on the Bulletin Board. See instructions for using the Bulletin Board on page 23 of this manual.

Using this Manual

Read through the *Quick Guide*, which has basic information about using the RRS. More detailed instructions follow. The Appendix includes additional information that may be useful to some HCWs.



Boxes like this have helpful pointers about the RRS.

QUICK GUIDE TO THE RRS

Web Address: <https://www.or-hcc.org>. Type exactly into browser and add to Favorites or Bookmarks for future use.



Click the blue button in the top left of the screen to log in. On the **Select User Group** screen, click **Homecare Worker (HCW)**.

*The first time you log in, your User ID is your last name. Your Password is your provider number. On next screen you will create your own User ID and Password. Do *not* use your last name and provider number again. Your User ID and Password must be between 4 and 8 letters, numbers, or a combination of letters and numbers. Write down your user ID and Password in a safe place.*



If the ID you chose is already being used, you can try adding numbers, up to 8 characters all together.

Your email address will be used for future criminal background re-checks. It will also help if you forget your User ID and Password:

Clicking Yes here on the **Registry and Referral Log In** screen...

Did you forget your UserID or Password?

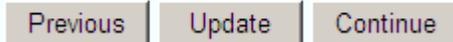
Will take you to this. After you enter your email address, your User ID and Password will be emailed to you.

Please enter the email address that you listed on the Personal Information screen of your Registry profile. Your login information will be sent to that address.

Email Address*:

USING THE RRS

On most screens there are buttons at the top and bottom:



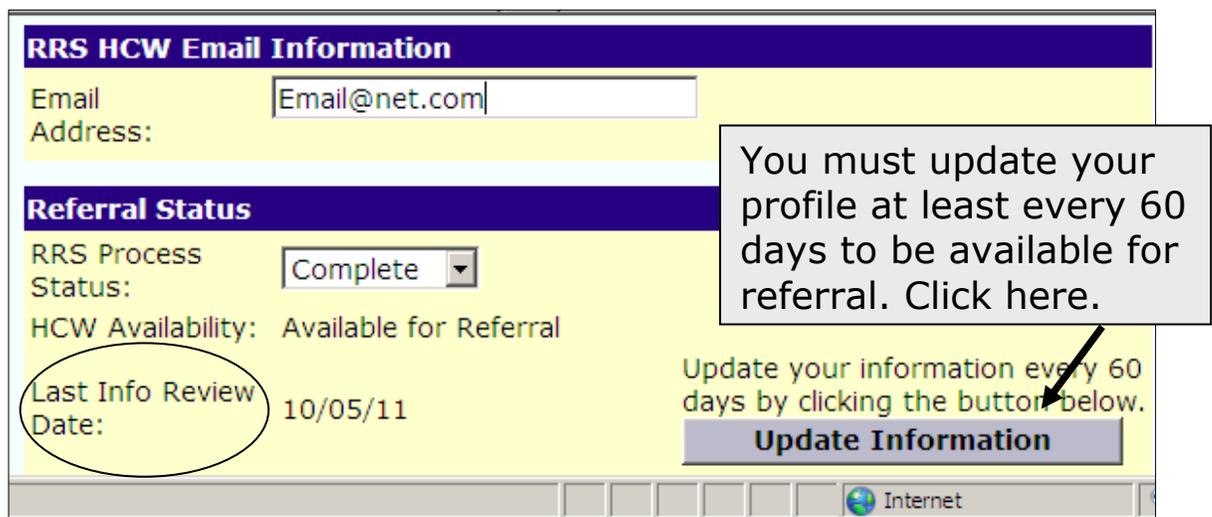
Previous takes you back to the screen before this one *without saving any changes* on the current screen.

Update saves information and keeps you on this screen.

Continue saves information and moves you to the next screen

Watch for messages under the Previous, Update and Continue buttons at the top of screens for important information.

Check the **Personal Information** screen. Contact your local office, where you submitted your application, if your phone number or address needs to be changed or anything else appears incorrect.

A screenshot of a web browser displaying the 'RRS HCW Email Information' screen. The page has a yellow background and a dark blue header. The header contains the text 'RRS HCW Email Information'. Below the header, there is a form with the following fields: 'Email Address:' with the value 'Email@net.com' in a text box; 'Referral Status' section with 'RRS Process Status:' set to 'Complete' in a dropdown menu and 'HCW Availability:' set to 'Available for Referral'; and 'Last Info Review Date:' set to '10/05/11'. A callout box with a black border and white background points to the 'Update Information' button, containing the text: 'You must update your profile at least every 60 days to be available for referral. Click here.' The 'Update Information' button is a grey button with white text. At the bottom of the page, there is a navigation bar with several buttons and an 'Internet' icon. The 'Last Info Review Date' field is circled in black.

The Last Info Review Date on this screen shows when your profile was last updated. Within *60 days* of that date, be sure to check your information and click Update Information, if you are looking for work.

According to the Collective Bargaining Agreement, Article 10, Section 5: "HCWs who are seeking work are responsible for updating their availability for referral every sixty (60) days in the OHCC RRS."



If you are not looking for work, go to **Availability for Work** and answer "No" to: "Are you currently looking for work?" You can change this if you are looking for work again in the future.

Review the **Service Details** screen to check your information. If you need to change anything, go to that screen through the menu, make changes and click Update or Continue.



Pay attention to sections or items marked *. You must answer these to be referred for work.

You cannot change items that appear in **gray**. Contact your local office about these items.

The **Training** screen lists the Home Care Commission classes you have completed, (except for *Moneywise* and *RRS*.) If a class is not posted within 6 weeks, please contact RRS staff.

The **Bulletin Board** lists, by county, employers who would like for Homecare Workers to contact them.

Throughout the RRS, terms that are **underlined** in bold type are defined in the **Glossary**.

When you have reviewed and updated your profile, click **LOG OFF**, the big blue button at the top left of the screen.

RRS Staff:

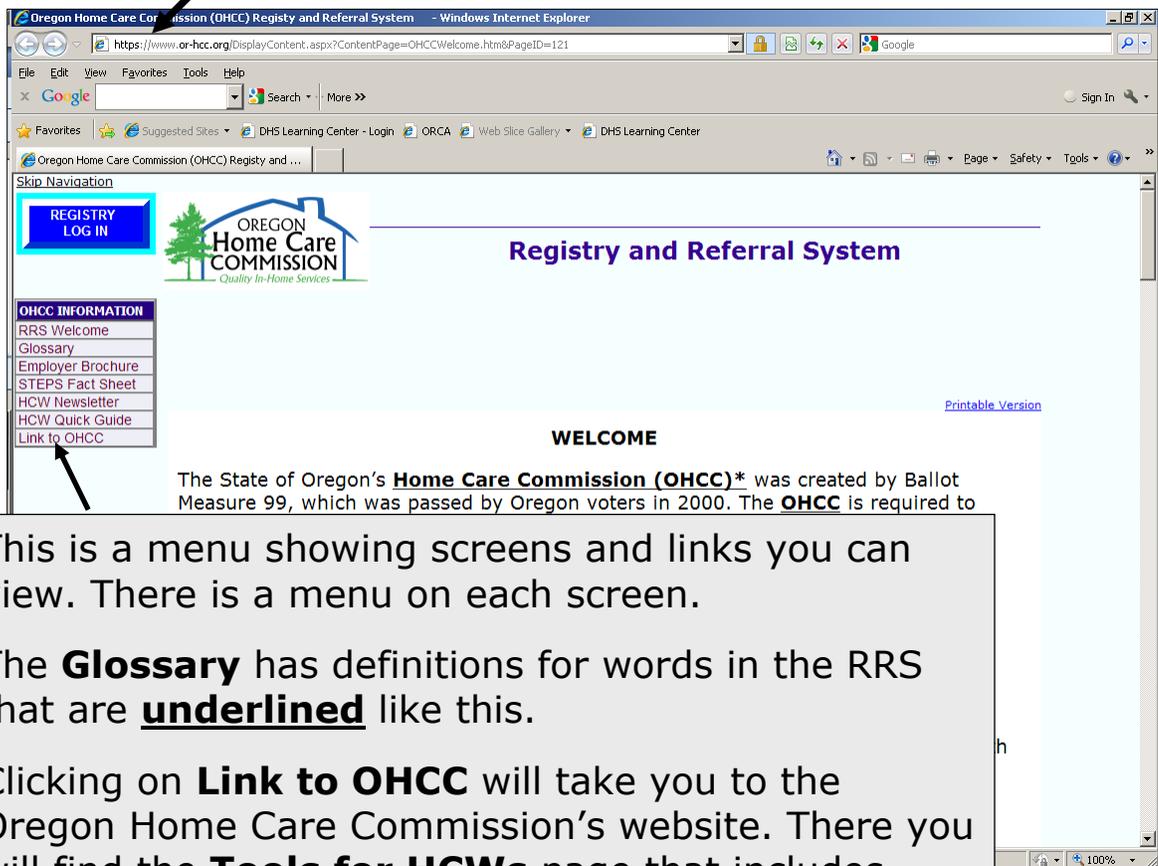
- Email: Registry.OHCC@State.OR.US
- Call 1.877.867.0077, Option 1.

Screen-by-Screen Guide

Logging into RRS

- Type <https://www.or-hcc.org> into the address bar of your Internet browser; then press Enter key or click Go. (Do not enter this into a search engine like Google.)
- The **RRS Welcome** screen opens.
- Click the large blue **Registry Log In** button in the top left corner of the screen.

This is an address bar. Yours may look different.



This is a menu showing screens and links you can view. There is a menu on each screen.

The **Glossary** has definitions for words in the RRS that are **underlined** like this.

Clicking on **Link to OHCC** will take you to the Oregon Home Care Commission's website. There you will find the **Tools for HCWs** page that includes important information.

This menu includes the **HCW Quick Guide** to the RRS and the **HCW (training) Newsletter**.

OREGON Home Care COMMISSION
Quality In-Home Services

Skip Navigation

Registry and Referral System

Select User Group

OHCC INFORMATION
RRS Welcome
Glossary
Employer Brochure
STEPS Fact Sheet
HCW Newsletter
HCW Quick Guide
Link to OHCC

Please select user type below. To get a list of homecare workers without saving information for future use, select **Anonymous Search**. You will not be able to access all referral features.

For FREE help to quit tobacco go online www.quitnow.net/oregon It's never too late to quit. Get help to make a plan, find information and get through the tough times. You may also be able to receive free nicotine patches or gum.

[Anonymous Search](#)
[Employer](#)
[Homecare Worker \(HCW\)](#)
[Administration](#)

Click **Homecare Worker (HCW)**



If you need help, send an email to: registry.ohcc.org@state.or.us or call 1.877.867.0077, Option 1.

OREGON Home Care COMMISSION
Quality In-Home Services

Skip Navigation

Registry and Referral System

OHCC - Registry and Referral Log In

* Indicates Required Field
Terms in bold and underlined text can be found in the Glossary

Please Log In
User ID*:
Password*:

Log In

- The first time you log in:
- Your **User ID** is your last name. If you have a hyphenated last name, type your name with a space instead of a hyphen.
 - Your **Password** is your Provider Number.
 - Click **Log In**

On the next screen you will enter your own User ID and Password.

Skip Navigation



OREGON Home Care COMMISSION
Quality In-Home Services

Registry and Referral System

OHCC – Create Your New User ID and Password

* Indicates Required Field
Terms in bold and underlined text can be found in the Glossary

Enter a **User ID** and **Password** with 4 to 8 letters and/or numbers. Be sure your **User ID** will not allow others to determine your identity. For example, do not use your name.

An email address is not required but is strongly recommended. If you do not enter one, it will be difficult to retrieve a forgotten **User ID** and/or **Password**.

User ID*:

Password*:

Password Confirmation*:

Email Address:

Email Address Confirmation:

The *first time you log in*, you will create a new **User ID** and **Password** by following the instructions on this screen. If your choice is taken, you can add numbers, up to 8 total characters.

- *Do not use your last name or provider number.*
- Re-enter your new password in Password Confirmation.
- Enter your Email address, then re-enter it in Email Confirmation.
- If you do not have an Email address, leave the boxes blank until you have an email address. *See pointer below.*

Click **Register**.



*If you do not have a computer with Internet access, you can use computers at **public libraries** or Employment Department **Worksource Oregon Centers**.*

You can get a free email address through sites like:

- www.Gmail.com or
- www.Hotmail.com or
- www.Yahoo.com.

You should now be on the **HCW Personal Information** screen.

The screenshot shows the 'Registry and Referral System' interface. On the left is a navigation menu with 'HCW PROFILE' selected. The main content area is titled 'HCW Personal Information' and contains the following information:

Provider Number:		Oregon ACCESS Status:	Approved To Work
HCW Name:		HCW Level:	Career
Local Office:	2518 W Portland	RRS Process Status:	Complete
		Availability:	Available for Referral

Buttons for 'Update' and 'Continue' are located below the information.

The information at the top of this screen is from a DHS computer system. You cannot change any of this information.

- **Provider Number** is the number assigned to you by DHS.
- **HCW Name** is the legal name that you provided on your application.
- **Local Office** is the office that has your HCW records, usually where you applied. If you move, you should contact the new local office to transfer your records.

For your name to appear on referral lists:

- **Oregon ACCESS Status** *must* be Approved to Work
- **HCW Level** *must* be Career
- **RRS Process Status** *must* be Complete
- **Availability** *must* be Available for Referral



If you believe that any of this information is incorrect, contact your *local office*. Your local office is usually where you submitted your application to become a HCW.

More about the Personal Information Screen

Exit Navigation
User:
Group: Homecare Worker (HCW)
08/28/07
LOG OFF

OREGON Home Care COMMISSION
Quality In-Home Services

Registry and Referral System

HCW Personal Information

Provider Number:
HCW Name:
Local Office: 2518 W Portland

Oregon ACCESS Status: Approved To Work
HCW Level: Career
RRS Process Status: Complete
Availability: Available for Referral

Update Continue

Please call your local office to change your phone number or home address.

Oregon ACCESS Information

Primary Email:
Criminal Re-check Due Date: 03/31/11
Start Date: 03/02/09
End Date: 03/31/11

Phone Type: Home
Number: (503)

RRS HCW Email Information

Email Address:

Referral Status

RRS Process Status: Complete
HCW Availability: Available for Referral

Last Info Review Date: 12/02/11
Last Info Review User Name: makeda

File Archive:
Date:
Location:

Update your information every 60 days by clicking the button below.
Update Information

Pay attention to the lower part of this screen, too.

Contact your local office if:

- your phone number changes
- you have not received instructions about your criminal background re-check *at least one month* before the due date.

You can enter or change an email address here.

According to the Collective Bargaining Agreement, Article 10, Section 5: "HCWs who are seeking work are responsible for updating their availability for referral every sixty (60) days in the OHCC RRS."

You can tell from the Last Info Review Date when you will need to update again.

If all of your information is the same, you can update by clicking **Update Information**.



The Criminal Records Management System, **CRIMS**, is a *secure* system that processes criminal background rechecks privately and electronically. Make sure you keep your email address current and watch for messages from your local office one to two months before the Criminal Re-check Due Date.

HCW PROFILE	HCW Orientation/Certified Training					
Personal Info	Provider Number:	Oregon ACCESS Status: Approved To Work				
Orient/Training	HCW Name:	HCW Level: Career				
Transportation	Local Office:	RRS Process Status: Complete				
Language		Availability: Unavailable - Info Review Needed				
Availability for Work	<input type="button" value="Previous"/> <input type="button" value="Update"/> <input type="button" value="Continue"/>					
Work Schedule	Orientation					
Services	Location	0000 OHCC				
Additional Info	Date	12 / 4 / 07				
Work County	Live In Orientation					
Work City or Area	Location					
App Certification	Date	/ /				
Service Details	Certified Training					
Training	CPR?	<input type="checkbox"/> Expiration Date: / /				
Status History	First Aid?	<input type="checkbox"/> Expiration Date: / /				
Bulletin Board-NEW!	Professional Development Recognition					
OTHER						
Glossary						
HCW Newsletter						
HCW Quick Guide						
	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> </tr> </thead> <tbody> <tr> <td>Has the HCW been recognized for Professional Development?</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			Yes	Has the HCW been recognized for Professional Development?	<input type="checkbox"/>
	Yes					
Has the HCW been recognized for Professional Development?	<input type="checkbox"/>					

A.
B.
C.
D.

HCWs cannot change information on this screen. If anything appears incorrect, contact your local office.

- A.** Orientation location and date. You must attend an orientation at a local office within 90 days of receiving your provider number.
- B.** Live-in Orientation location and date, if you have attended one. This orientation is required for workers providing live-in services.
- C.** CPR/First Aid certifications, if any, and when they expire. If you have current certifications, take your cards to the local office.
- D.** Professional Development Recognition Award. An asterisk (*) appears beside the name in referral lists, to let prospective employers know about this award. Information about Professional Development is in the Training Newsletter.

HCW Transportation

Provider Number:
HCW Name:
Local Office:

Oregon ACCESS Status: Approved To Work
HCW Level: Career
RRS Process Status: Complete
Availability: Available for Referral

* Indicates Required for Referral

Terms in bold and underlined text can be found in the Glossary

Previous

Update

Continue

Transportation Method*	
What kind of transportation do you use to get to work? (You must check at least one):	Check ALL that apply
Motor Vehicle	<input checked="" type="checkbox"/>
Public Transportation	<input type="checkbox"/>
Bike/Walk	<input type="checkbox"/>

Driving / Escorting	
Are you willing to:	Check ALL that apply
Transport an employer in your car?	<input type="checkbox"/>
Drive an employer's car?	<input checked="" type="checkbox"/>
Escort an employer on public transportation?	<input checked="" type="checkbox"/>
Escort an employer in their car?	<input checked="" type="checkbox"/>

Transportation Method means how you get to work. Check one or more.

Driving/Escorting lists options an employer may need. Check all that you are willing to do.

- **Transport an employer in your car:** driving an employer in *your* car.
- **Drive an employer's car:** driving an employer in *her/his* car.
- **Escort an employer on public transportation:** riding with an employer on a bus, tram, para-transit, dial-a-ride, etc.
- **Escort an employer in their car:** riding with an employer in *her/his* own car.



If you provide services that include driving, be prepared to show employers your driver's license and proof of insurance. Be sure you know how many miles are authorized and that you track your mileage accurately.

HCW Language

Provider Number: []
 HCW Name: []
 Local Office: []

Oregon ACCESS Status: Approved To Work
 HCW Level: Career
 RRS Process Status: Incomplete
 Availability: []

Indicates Required for Referral
 and underlined text can be found in the Glossary

Previous Update Continue

Preference	Language	Speak	Read	New
1	English	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Delete
2	German	<input type="checkbox"/>	<input type="checkbox"/>	Delete

At least one language must be checked **Speak**.

- The RRS automatically checks **Speak** and **Read** for English.
- To change language, click the down arrow next to English, and highlight your language. Check **Speak** and/or **Read**.

Preference	Language	Speak	Read	New
1	English	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Delete
2	German	<input type="checkbox"/>	<input type="checkbox"/>	Delete

- To add a second language, click New. Another line with English will appear. Scroll and select the language.
- To remove a language, click Delete.

The language you speak most should have Preference 1. To change the preferences, delete numbers, correct, and then click Update or Continue.



You must be able to communicate with employers to do your job as a homecare worker. Be sure that the languages you have checked on this screen are ones that you speak and/or read well, not just a little.

HCW Availability for Work

Provider Number:
 HCW Name:
 Local Office:

Oregon ACCESS Status: Approved To Work
 HCW Level: Career
 RRS Process Status: Complete
 Availability: Available for Referral

* Indicates Required for Referral
 Terms in bold and underlined text can be found in the Glossary

Previous Update Continue

Currently looking for work*

Are you currently looking for work? Yes No

A.

Work Type*

Check all work types you are willing to consider:	Check ALL that apply
Full-time (over 20 hours per week)?	<input checked="" type="checkbox"/>
Part-time (20 hours per week or less)?	<input type="checkbox"/>
Being a 7-day live-in (24 hour services)?	<input type="checkbox"/>
Being a 6-day live-in (24 hour services)?	<input type="checkbox"/>
Being a 5-day live-in (24 hour services)?	<input checked="" type="checkbox"/>
Being a 2-day live-in (24 hour services)?	<input type="checkbox"/>
Being a 1-day live-in (24 hour services)?	<input type="checkbox"/>
Providing live-in relief ?	<input type="checkbox"/>
Providing substitute services paid by the hour?	<input type="checkbox"/>
Working with short notice?	<input type="checkbox"/>
Assisting with evacuation and in-home services in the event of a natural disaster?	<input checked="" type="checkbox"/>

B.

In **A.** check "Yes" or "No". Log in and answer "No" any time you have all the work you want. If you would like for new consumer/employers to contact you, check "Yes".

If you answered Yes in **A.** you must check at least one work type in **B.** Check all of the work types in which you are interested. You must keep this current.



Any time you accept a new position, be sure to log in to the RRS, review your answers on this screen and make any needed changes.

Example: You checked **Full-time** when you last updated your profile. You have accepted a part-time job and are looking for another one. Uncheck **Full Time** and check **Part Time**.

HCW Work Schedule

Provider Number:
HCW Name:
Local Office:

Oregon ACCESS Status: Approved To Work
HCW Level: Career
RRS Process Status: Complete
Availability: Available for Referral

Terms in bold and underlined text can be found in the Glossary

[Previous](#) [Update](#) [Continue](#)

Check the days and times you are available to work:

[Available at All Times](#) [Clear All Times](#)

Days/Times	Mornings	Afternoons	Evenings	Nights
Monday	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tuesday	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wednesday	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Thursday	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Friday	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Saturday	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sunday	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Holidays				

Check the boxes to show when you are available to work. You can click on a check to remove it.

Click **Available at All Times** if you are willing to work any day of the week, including holidays, and all times of day.

If you are available most times, you can click **Available at All Times** and uncheck the days/times that you are not available.

You can start over by clicking **Clear All Times**.



Some employers need HCWs for very specific days and times. You must keep your answers to **Currently Looking for Work** and **Work Types** up to date. Your available **Work Schedule** must be correct, too. Anytime you accept a new job or an employer changes your work schedule, log in to the RRS and make changes on this screen.

HCW Services and Work Experience

Provider Number: _____ Oregon ACCESS Status: **Approved To Work**
 HCW Name: _____ HCW Level: **Career**
 Local Office: _____ RRS Process Status: **Incomplete**
 Availability: _____

* Indicates Required for Referral
 Terms in bold and underlined text can be found in the Glossary

Please check all of the services below that you are **Willing** to provide. In addition, if you have experience doing the tasks you are **Willing** to do, please check the **Experience** column. You must be physically able to perform all of the services you check in this section. **Do not check any tasks where you have physical limitations (such as lifting, bending, or stooping) that would prevent you from performing any of these services.**

Check all services you are "Willing" to provide. If you have experience providing the services you check, check "Experience."	Willing <input type="button" value="Check All"/>	Experience <input type="button" value="Check All"/>
<u>Amputation</u>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>
<u>Bladder care</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Bowel care</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Cognition</u>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>
<u>Feeding</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Grooming</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Personal hygiene</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Positioning</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Toileting</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Transferring</u>	<input type="checkbox"/>	<input type="checkbox"/>

Check all services you are "Willing" to provide. If you have experience providing the services you check, check "Experience."	
<u>Self Management Tasks</u>	
Giving or setting up medication	
Housekeeping	
Laundry	
Meal preparation	
Shopping	
Transportation	

Check all services you are "Willing" to provide. If you have experience providing the services you check, check "Experience."	
<u>Health-Related Procedures</u>	
<u>Bowel program</u>	
<u>Feeding tube</u>	
<u>Home dialysis</u>	
Injections	
<u>Ostomy care</u> (e.g., colostomy, ileostomy)	
<u>Oxygen Management</u>	
<u>Suctioning</u>	
<u>Tracheotomy care</u>	
<u>Urinary catheter care</u>	
<u>Ventilator Care</u>	
<u>Wound care</u>	

Check **Willing** only for services that you are willing and able to provide. The RRS will match you with employers who need these services.

Check **Experience** if you are willing to provide the service and have experience. Employers may ask for references to verify your experience.

Scroll down to be sure that you have checked your services in all three categories: **Activities of Daily Living, Self-Management Tasks and Health-Related Procedures.**

The **Glossary** (see Menu) has definitions of the terms that are underlined.

HCW Additional Information

Provider Number: _____ Oregon ACCESS Status: Approved To Work
 HCW Name: _____ HCW Level: Career
 Local Office: _____ RRS Process Status: Complete
 Availability: Available for Referral

* Indicates Required for Referral
 Terms in bold and underlined text can be found in the Glossary

Gender*

Your gender Female Male

Smoking*

Do you smoke? Yes No

Personal Statement (optional)

You may enter up to 1500 characters of additional information that you would like to share with prospective employers.

You have 1500 characters left.

Employer Conditions

Are there Employers you are NOT willing to work with or services you are NOT willing to provide?	Check ALL that apply
<u>Activities of Daily Living</u> (see note below)	<input type="checkbox"/>
<u>Alzheimer's</u> or other <u>dementias</u>	<input checked="" type="checkbox"/>
<u>Behavioral disorders</u>	<input type="checkbox"/>
Females	<input type="checkbox"/>
Males	<input type="checkbox"/>
People with pets	<input type="checkbox"/>
<u>Self-Management Tasks</u> (see note below)	<input type="checkbox"/>
65 years of age or older	<input type="checkbox"/>
Smokers	<input type="checkbox"/>
Terminally ill	<input type="checkbox"/>
Under 65 years of age	<input type="checkbox"/>
Use of <u>medical marijuana</u>	<input type="checkbox"/>

A.

B.

C.

A. You must answer these items. Even if you don't smoke at work, you must check "Yes" if you are a smoker.

B. You can choose to enter a Personal Statement here, up to 1,500 characters, to tell employers more about yourself

C. Check boxes about work you would NOT accept; for example, in a home with pets.



Checking any of these items will limit your matches with employers. You will not be matched to any employers if you check:

- "Activities of Daily Living" and "Self-Management Tasks", **or**
- "Females" and "Males" **or**
- "65 years of age and older" and "Under 65 years of age".

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HCW Quick Guide

HCW Work County

Provider Number: [REDACTED]

HCW Name: [REDACTED]

Local Office: 2518 W Portland

Oregon ACCESS Status: Approved To Work

HCW Level: Career

RRS Process Status: Complete

Availability: Available for Referral

* Indicates Required for Referral

Terms in bold and underlined text can be found in the Glossary

Check the county or counties where you are willing to work* (check all that apply):

County Map

- Baker
- Clatsop
- Crook
- Douglas
- Harney
- Jefferson
- Lake
- Linn
- Morrow
- Sherman
- Union
- Washington

Check up to three counties. Do not check counties where you are not willing to travel for work.

If you provide live-in services, you may check more than three counties. **ONLY** check counties where you are willing to relocate to take a live-in job.

HCW PROFILE

Personal Info

Orient/Training

Transportation

Language

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Additional Info

Work County

Work City or Area

App Certification

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HCW Quick Guide

HCW Work City or Area

Provider Number: [REDACTED]

HCW Name: [REDACTED]

Local Office: 2518 W Portland

Oregon ACCESS Status: Approved To Work

HCW Level: Career

RRS Process Status: Complete

Availability: Available for Referral

* Indicates Required for Referral

Terms in bold and underlined text can be found in the Glossary

Check the city or area where you are willing to work* (check all that apply):

Clackamas County

- ALL
- Beavercreek
- Canby
- Colton
- Eagle Creek

- Aurora
- Boring
- Charbonnet
- Corbett
- Estacada

Check cities where you are willing to work OR check **ALL** if you are willing to work in any city in the county. (Do not check **ALL** and then check specific cities in that county.)

Do not check any cities where you are not willing to travel for work.

HCW Applicant Certification

Provider Number:
HCW Name:
Local Office:

Oregon ACCESS Status: Approved To Work
HCW Level: Career
RRS Process Status: Complete
Availability: Unavailable – Info Review Needed

* Indicates Required for Referral

Terms in bold and underlined text can be found in the Glossary

Previous Update Continue

Referral / Payment*

I agree to have my contact information:

Released through the Registry via the internet? Note: Not checking "YES" will limit referrals.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Referred to individuals who pay privately for in-home services? Note: Hours will not count toward SEIU negotiated benefits.	<input checked="" type="radio"/> Yes <input type="radio"/> No

HCWs cannot make changes to this screen. The answers to these two questions are entered from your application.

If you would like to change your answers to either of these questions, take or send a written, signed and dated request to your local office. Staff will update your records.

If you answered "No" to: "Released through the **Registry** via the internet?" you will be referred for work through *only* specialty lists created by the local office. Your name will not be on any lists generated through the RRS by employers.



If you work for individuals who pay privately:

- hours do not count toward any SEIU negotiated benefits and
- you will not be covered by OHCC Workers Compensation if you are injured on the job.

Be sure to review the material for Private Pay Employers in the Appendix.

HCW PROFILE

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HCW Service Details

Provider Number:

HCW Name:

Local Office:

Oregon ACCESS Status: **Approved To Work**

HCW Level: **Career**

RRS Process Status: **Complete**

Availability: **Available for Referral**

[Previous](#)

Printable Version

Please review the information below. If you need to make changes, use the menu on the left to return to the appropriate screen. If the information is correct, click **Continue**.

HCW Information

Name		Provider Number	
Cell Phone		Home City	LINCOLN CITY
Home Phone			
Work County	Lincoln - Depoe Bay		
City/Area	Lincoln - Depoe Bay		
Payment	Will work for private employers. [Employer determines wages and any benefits. There may be employer tax responsibilities.]		
HCW is a Smoker	No		
HCW Gender	Female		
Work Interest	Full-time work (more than 20 hours per week)		
Language	Speak		Read
	English	X	X
Transportation Information	<ul style="list-style-type: none"> Use a motor vehicle to get to work Use their own car to transport employer Drive an employer's car Escort an employer on public transportation Escort an employer in employer's car 		
	Mornings		
	Monday		X
	Wednesday		X
Friday		X	
OHCC Training Completed	<ul style="list-style-type: none"> Grief and Loss Keeping It Professional Taking Responsibility in Personal Safety 		

(For Internal Use)

This screen summarizes your answers from previous screens. This is what prospective employers will see, when they check "Show Details" on a HCW list.

Review your profile carefully.

Pay attention to any warning messages to be sure you have made yourself available to be referred for work.

To make changes:

- Click the screen title in the Menu.
- Make needed changes and click **Update**.
- Click **Service Details** in the Menu to come back to this screen.

HCW Training Attended

Provider Number: 697202 OACCESS Status: Approved To Work
 HCW Name: PENNA, JACOB HCW Level: Career
 Local Office: 3515 Mid Portland RRS Process Status: Complete
 Availability: Unavailable - Info Review Needed

[Printable Version](#)

Training Attended		
Training Course	Course Description	Date Attended
Bathing & Grooming	Skills in personal care activities of bathing, shaving, skin care & grooming using person-centered values and techniques.	7/20/2009
Working Together	Communication between employers and workers about the task list, interviewing techniques, and person-directed values.	7/11/2009
Substance Abuse Awareness	Common drugs and their affects, resources for treatment and a review of the Home Care Commission policy on maintaining a drug-free workplace.	7/11/2009
Protect Against Sprains & Strains	Basics of good body mechanics and work practices; how to avoid and/or prevent injuries.	6/29/2009
Keeping It Professional	Maintaining professional boundaries; recordkeeping and principles of confidentiality.	4/27/2009
Stress Management and Relaxation Techniques	Understanding stress and its affects; techniques for coping with provider stress.	4/23/2009

[Printable Version](#)

This screen lists OHCC sponsored trainings that you have attended. It may take up to six weeks for a class to be posted.

If an OHCC class you have attended is not on this screen after six weeks, email registry.ohcc@state.or.us or call 1.877.867.0077, Option 1.

MoneyWise and Registry and Referral System trainings are not listed on the RRS.

Employers can request HCWs who have completed one or more classes, so taking advantage of the OHCC training program can help your chances of being referred for work.

HCW Status History

Provider Number:
HCW Name:
Local Office:

Oregon ACCESS Status: Approved To Work
HCW Level: Career
RRS Process Status: Complete
Availability: Unavailable - Not Currently Looking

Status History

Date	Oregon ACCESS Status	HCW Level	RRS Process Status	Availability	Local Office	User Name
12/30/2008	CLR	Career	Complete	Unavailable - Not Currently Looking	2117 Toledo - Disability	OAC Download
12/30/2008	CLR	Career	Complete	Unavailable - Not Currently Looking	2117 Toledo - Disability	OAC Download
9/11/2008	CLR	Career	Complete	Unavailable - Not Currently Looking	2117 Toledo - Disability	Sutton, Lisa
9/4/2008	CLR	Career	Complete	Unavailable - HCW Orientation Needed	2117 Toledo - Disability	Janes, Nancy
9/4/2008	CLR	Career	Complete		2117 Toledo - Disability	Janes, Nancy
6/17/2007	CLR	Career	Incomplete		2117 Toledo - Disability	OAC Download
8/4/2010	CLR	Career	Complete	Unavailable - Not Currently Looking	2111 Toledo - Aging	NELSON, BETH
8/4/2010	CLR	Career	Complete	Available for Referral	2111 Toledo - Aging	NELSON, BETH
				Unavailable - Info Review	2111 Toledo -	OAC

This shows changes to your status.

Click on **Date** twice, to view the most recent ones first.

Oregon ACCESS Status categories are:

- **CLR** - approved for work
- **APC** - Active Prior to Conversion (before the RRS)
- **PRB** - probationary
- **WTH** - application withdrawn by HCW
- **PND** - pending (application being considered)
- **TRM** - terminated.

HCW Level, RRS Process Status, Availability and **Local Office** are listed for each date a change was recorded.

User Name may be you or a DHS staff member.

- **OAC Download** or **Download_Post_Q96** - means Oregon ACCESS (the state database)
- **UpHCWNeedsReview** means that information was not updated as required within 60 days.

Skip Navigation
 User:hsnrj00
 Group:RRS
 Administrator
 04/10/2011

LOG OFF

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OREGON Home Care COMMISSION
 Quality In-Home Services

Registry and Referral System

Employer Bulletin Board – NEW!

[Continue](#)

This Bulletin Board lists consumer-employers who would like for homecare workers to contact them.

Select a county: Baker

[Find Employers](#)

Prospective employers in this county are listed below. Check Display Detail boxes and click **Continue for more information**.

To see detailed information, check the Display Detail box(es) for any or all potential **Employers** listed below. Then click Continue.

Click the down arrow and select the county where you would like to work

OREGON Home Care COMMISSION
 Quality In-Home Services

Registry and Referral System

Employer Bulletin Board – NEW!

[Continue](#)

This Bulletin Board lists consumer-employers who would like for homecare workers to contact them.

Select a county: Marion

[Find Employers](#)

Prospective employers in this county are listed below. Check Display Detail boxes and click **Continue for more information**.

To see detailed information, check the Display Detail box(es) for any or all potential **Employers** listed below. Then click Continue.

Matching Employer List

[Printable Version](#)

Highlight your county then click here.

Select a county: Marion

[Find Employers](#)

Prospective employers in this county are listed below. Check Display Detail boxes and click **Continue for more information**.

To see detailed information, check the Display Detail box(es) for any or all potential **Employers** listed below. Then click Continue.

Matching Employer List

Employer Name	Phone	Contact Email Address	Work Area	Display Detail
Marion - Silverton				<input type="checkbox"/>
Marion - Silverton				<input type="checkbox"/>
Marion - Jefferson				<input type="checkbox"/>
Marion - Keizer				<input type="checkbox"/>
Marion - Keizer				<input type="checkbox"/>
Marion - South Salem				<input type="checkbox"/>
Marion - Keizer				<input type="checkbox"/>

The Bulletin Board lists employers who are hiring and have chosen to post information so that qualified HCWs can contact *them*. Check **Display Detail** for information about employers.

Employer Details

Employer Information			
Name	new employer	Phone	(503) 555-5555
Email Address	Son@email.net		
County City/Area	• Marion - Aurora		
Employer is	<ul style="list-style-type: none"> • Female • 65 years of age or older • Does not smoke 		
HCW Smoking Preference	Can NOT be a SMOKER		
HCW Gender Preference	Female		
HCW needed	• Part-time services (20 hours per week or less)		
HCW should be comfortable with	• Pet(s) or service animal(s)		
Language	Speak		Read
	English	X	X
Services Needed	Services Requested		
	Bathing		X
	Housekeeping		X
	Meal preparation		X
Certifications Preferred	<ul style="list-style-type: none"> • CPR • First Aid 		
HCW Training Preferred	<ul style="list-style-type: none"> • Bathing and Grooming • Keeping It Professional • Working Together 		
Personal Statement (Note: This information has not been verified by OHCC.)	<p>We are looking for a homecare worker for my mother. She is a very sweet 85 year-old who loves classical music. She needs assistance with activities of daily living but her mind is as sharp as a tack. There is one very mellow miniature poodle in the home. The family is helping with the Registry and conducting telephone interviews, but Mrs. H. will do final interviews and direct her homecare worker. Please email qualifications, three work references and contact information.</p>		

Review employer needs and preferences carefully, to be sure this is the sort of job you are seeking.

The Personal Statement may have instructions about how to apply for the position. For example, in the sample above, the employer's representative asks for interested workers to email qualifications, references and contact information.



Be sure you have a past employer's permission to use him or her as a reference before sharing name and contact information.

Appendix

Web Hints and Tips

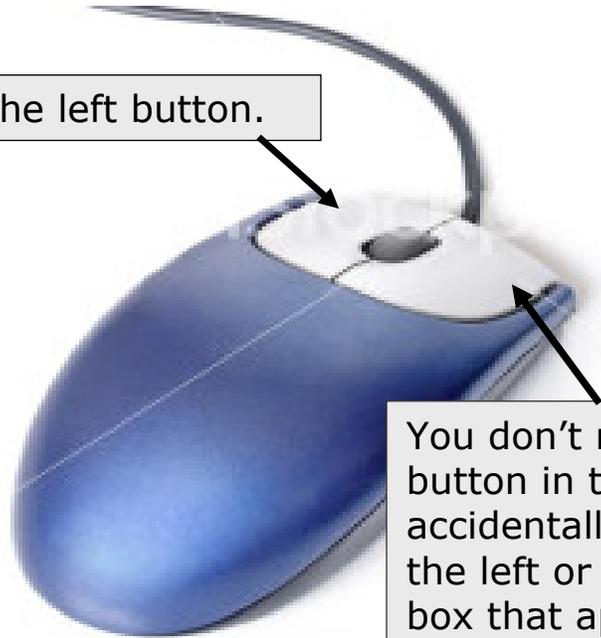
Getting Online

If you do not have a computer with Internet access, ask friends or family members. You can use computers without charge at:

- Public Libraries
- Employment Department Worksource Oregon Offices

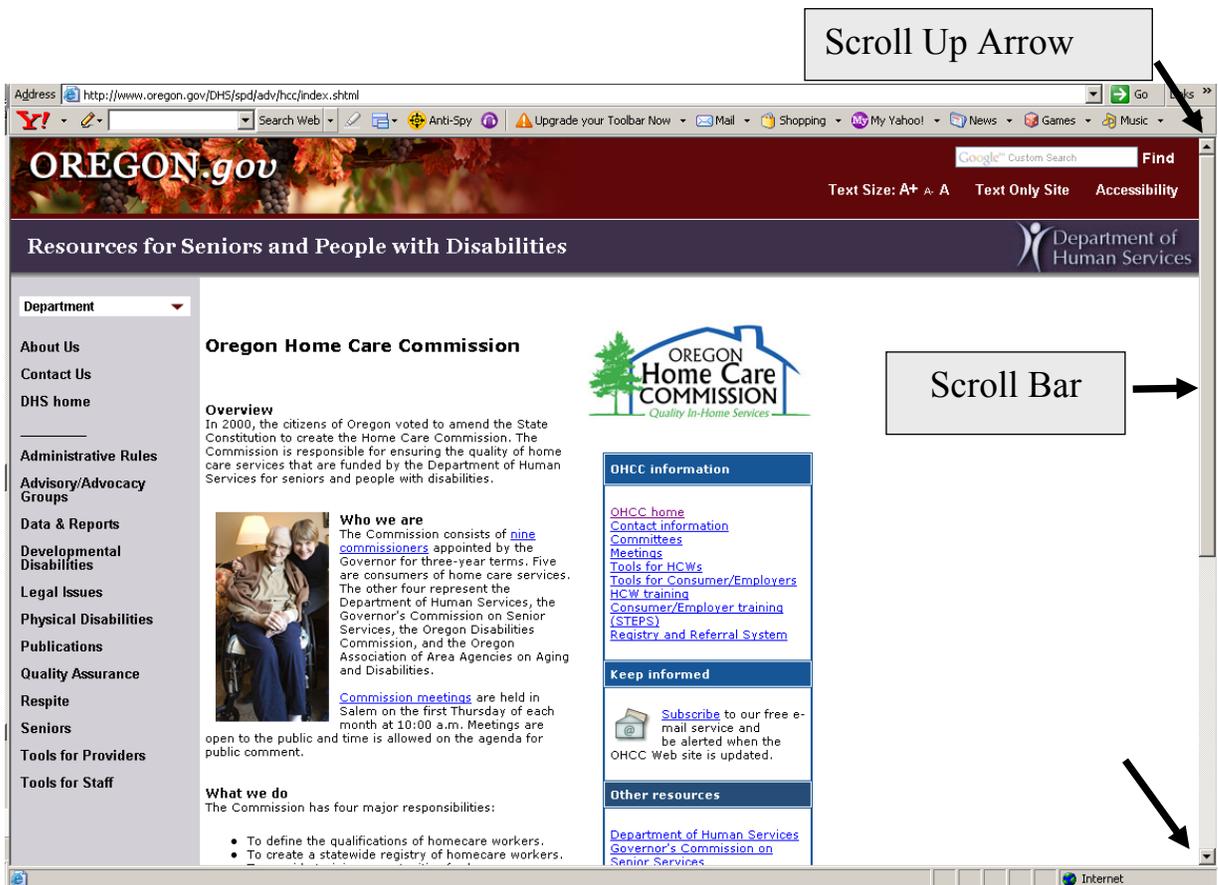
Using a Mouse

To “click,” press the left button.

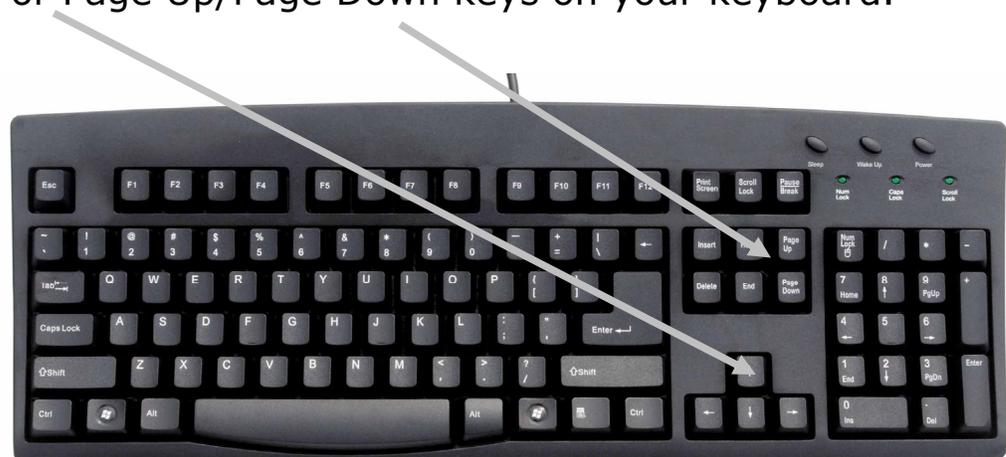


You don't need the right button in the RRS. If you accidentally press it, click to the left or right of the options box that appears.

- To move the arrow on the screen, move the mouse.
- To choose an object on the screen, move the arrow over the object and click the left mouse button.
- When entering information in a box, the arrow will change to a line that looks something like a capital I. Left click and begin typing. Use the backspace or delete keys on the keyboard to make corrections.



- Use the mouse to move the arrow over the Scroll Bar.
 - Hold down the left button of your mouse and drag the scroll bar up or down.
 - Or click the scroll up arrow or scroll down arrow at the top or bottom of the scroll bar until the screen moves to what you want to see.
- If there is a wheel between the buttons on the mouse, you can turn it with a finger to move up and down.
- Use arrows or Page Up/Page Down keys on your keyboard.



Private Pay Employment

HCWs can choose to work for those who pay privately (with employers' personal funds only.) You should be aware of private pay employer responsibilities. It is recommended that you and your employer have a written contract or employment agreement. You can share the following information when you interview with private pay employers.

Employers who pay privately for in-home services may be responsible for paying state employment taxes, Social Security and Medicare taxes. They may need to complete other documents. The following publications and agencies have further information.

- The Internal Revenue Service
 - Publication 926 - *Household Employer's Tax Guide* details when an employer is required to pay taxes for household employees:
<http://http://www.irs.gov/pub/irs-pdf/p926.pdf>.
 - If you have questions call 1.800.829.1040 or visit their website at <http://www.irs.gov>.
- Details for domestic employers in Oregon:
<http://www.oregon.gov/EMPLOY/TAX/docs/UIPUB2070907.pdf>.
- Employment Department: 503.947.1488. Email: taxinfo@emp.state.or.us or visit their website at <http://www.Oregon.gov/employ/tax>.
- The Bureau of Labor and Industry has an Employer Assistance Line: 971.673.0824, and online *Technical Assistance for Employers of In-Home Caregivers*, including frequently asked questions:
http://www.oregon.gov/BOLI/TA/T_FAQ_In-home_Caregivers.shtml



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