



San Bernardino County
 Public Authority
 784 East Hospitality Lane
 San Bernardino, CA 92415-0034
 Toll Free: (866) 985-6322 • Fax: (909) 891-9130

PUBLIC AUTHORITY REGISTRY UPDATE FORM

1. Please print clearly and provide your **CURRENT** contact information. Check all boxes that apply. Please do not leave any sections blank.

Last Name: _____ Middle Initial: _____ First Name: _____

Last 4 Digits of SS#: _____ Current city you live in? _____

Have you moved? Yes No If checked yes, please list the cities you are willing to work **20 miles** from your home.

Cities: _____

Home Address: _____ Apt # _____ City: _____ Zip Code: _____

Mailing Address: _____ Apt # _____ City: _____ Zip code: _____

Phone Number (where clients can reach you): Home# _____ Cell # _____

Email Address: _____

I am **NO** longer working with Clients: _____

2. **I am not available to work for any clients at this time and DO NOT wish to have my name referred out because:**

I have enough clients and would like to be placed as Fully Employed (I will be required to check in once every **3 months** to update). I have a job outside of the Registry.

I would like my name removed from the registry. I would like to be inactive for personal/medical reasons.

If you checked one of the boxes in Question #2, PLEASE STOP HERE, SIGN, DATE AND RETURN THIS FORM. If not, please answer questions 3 and 4, Sign, date, and return this form.

3. Are you currently working for a client? If yes, how many _____. Please provide names of the clients.

Client : _____ Client: _____ Client: _____

4. **I am available to work for Clients on (Please enter available days and times you wish to start working.)**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Example:	9am-8pm	8am-10am	9am-8pm	8am-10am	OFF	9am-8pm	8am -11am
Mornings							
Afternoons							
Evenings							

 Provider Signature

 Date