

**Channel Islands Social Services**

5251 Verdugo Way, Suite G  
Camarillo, CA 93012



**Ventura County's Respite & ILS Provider**

(805) 384-0983 Fax: (805) 384-0986  
www.IslandSocialServices.org

**Supplemental Application for ILS Specialist Position**

CISS is an equal opportunity employer. The contents of this form are confidential and must be answered honestly and completely under penalty of perjury. Falsifying any of the information contained in this application shall serve as grounds for refusal to hire or immediate termination.

Please review the job description on page 4 for the ILS Specialist prior to submitting this application to ensure that you meet the position's minimum qualifications. If you are not currently employed by CISS, you must also submit a full application.

**A. Contact Info**

Legal Name of Applicant: \_\_\_\_\_ Nickname: \_\_\_\_\_

Bilingual?  Yes  No If yes, what languages? \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Primary Phone = Home  OR Cell

If you currently work for CISS, how long have you been actively providing respite care? \_\_\_\_\_ years  N/A

How did you hear about the ILS Program? \_\_\_\_\_

Who referred you? \_\_\_\_\_

If referred by a person, is he/she a  family using our services or a  current employee?

**B. Education:** Please check one of the following categories to be eligible for this position:

Bachelor's or Master's Degree in a related field + 6 mo. experience working with adults in an independent/supported living arrangement or providing ILS type of supports to adults living with their family.

College Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Type of Degree: \_\_\_\_\_ in \_\_\_\_\_ Year Achieved: \_\_\_\_\_

**OR** 2+ years of experience working with adults in an independent/supported living arrangement or providing ILS type of supports to adults living with their family.

**C. Employment History:**

Please list information about your past 10 years of employment listing the most current first (continue on separate page if necessary):

Start Date	End Date	Company Name & Position	Supervisor's Name & Phone #	FT or PT
Were you providing training in independent living skills and following a curriculum? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Were you providing training in independent living skills and following a curriculum? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Were you providing training in independent living skills and following a curriculum? <input type="checkbox"/> YES <input type="checkbox"/> NO				



## F. Curriculum Experience:

Please review the following areas and mark your level of experience in teaching the following curriculum areas:

	Category	Your Skill Level				
		Required ILS Components	Basic	Intermediate	Advanced	Willing to Learn
1	Home & Community Safety					
2	Public Transportation (in natural environments)					
3	Personal Hygiene & Attire					
4	Cleaning & Home Maintenance (home, laundry, dishes)					
5	Cooking & Meal Preparation					
6	Menu Planning & Nutrition					
7	Shopping (in natural environments)					
8	Health & Exercise					
9	Independent Recreation					
10	Money Management					
11	Self-Advocacy Training & Staff Management					
12	Relationships & Social Skills					
13	Understanding & Accessing Community Resources					
14	Personal Goal Setting & Managing Daily Schedule					
15	Apartment & Roommate Selection					

	Category	Your Skill Level				
		Optional ILS Components	Basic	Intermediate	Advanced	Willing to Learn
A	Pet Care					
B	Searching for Job/Volunteer Opportunities					
C	College Planning					
D	Long-Term Relationship Management/Marriage					
E	Driving Preparation (No behind the wheel lessons in any vehicle during ILS)					
F	Parenting Skills					
G	Probation Requirements					

**Additional Skills:** \_\_\_\_\_

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**Job Description**  
**Independent Living Services Specialist**

**Minimum Qualifications:**

- a. Bachelor's or Master's degree in Psychology, Education or a related field and 6 months of verifiable experience working with teens or adults who have developmental disabilities **OR** a minimum of 2 years of similar experience without a degree
- b. Is at least twenty-one (21) years old, and is eligible to work in the U.S. Provides at least two positive professional references and one personal reference that can verify related experience including living independently for at least one (1) year
- c. Can speak and write fluently in English; bilingual English/Spanish preferred
- d. Passes DOJ live scan fingerprinting, nationwide criminal record search and county misdemeanor and felony criminal record searches (including no D.U.I. convictions within the past five years and no more than three moving violations in the last five years), with no convictions of a violent, sexual, fiduciary, or illegal drug possession nature
- e. Holds current CPR and First Aid training from American Red Cross or American Heart Association
- h. Can safely lift a minimum of 50 lbs. and is physically capable of performing the tasks associated with each assignment accepted
- i. Maintains a valid driver's license and reliable method of transportation. Must maintain auto insurance minimum liability coverage of \$100,000/\$300,000 naming the employee as insured.

**Job Duties:** In the Independent Living Services (ILS) program, the Independent Living Services Specialist (ILSS) agrees to timely and effectively implement individualized services, based on the approved CISS ILS curriculum, for the person receiving training. All CISS employees are expected to work collaboratively with all individuals and other agencies working with the person and family.

The employee is expected to complete and maintain all required training for their position and regularly attend all required/requested meetings and supervision appointments. Employee must follow all policies and procedures in the CISS Employee Handbook and timely and accurately maintain all record keeping requirements for the program, and as requested by supervisor. Independent Living program progress documentation must be logged accurately and timely on agency forms and submitted complete and on time to the agency. Timesheets are due every two (2) weeks with accompanying progress forms.

**Work Hours:** Position is part-time, variable hour, non-exempt. Work assignments and duties are directed by CISS, but scheduling is determined between the person receiving services and the CISS employee up to the authorized amount. Employees may not work more than eight (8) hours per day, forty (40) hours per week, and may not work seven (7) days in a row without prior written approval from the CEO.

**Wage:** Dependent upon experience. Travel reimbursement available.

**Direct Reports:** None. Reports to the CEO or her designee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



## ILS Specialist Candidate Preferences

*CISS believes in matching individuals with the most qualified ILS Specialist to enable the highest degree of compatibility and success of the ILS program. Please complete and update the following information with us at least annually.*

### A. Contact Info

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Bilingual?  Yes: \_\_\_\_\_  No Home City: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Primary #  Cell Phone: (\_\_\_\_) \_\_\_\_\_ Primary #

Email Address: \_\_\_\_\_

### B. General Availability

*Please list the times in which you are generally available to provide ILS (typically after 3pm M-F, and weekends vary):*

Mo n	Tue s	We d	Thur s	Fr i	Sa t	Su n
AM						
PM						

Willing to work any overnights?  Yes  No  Maybe

Ages I am comfortable working with:  Any  18-22  Adults  Seniors

Please check the level of personal care you are willing to provide ILS instruction to the above age groups:  
 General Hygiene  Toileting  Bathing/Showering AND to  Females  Males  Both

### C. City Preferences

*Please check off the cities in which you are generally available to work (Please note that mileage is only paid between homes and not to drive to your first appointment or to drive home from your last appointment):*  **Any**

#### 1. East County:

- Simi Valley
- Moorpark
- Newbury Park/Thousand Oaks
- Westlake/Oak Park/Agoura

#### 2. Central County:

- Camarillo/Somis
- North Oxnard
- South Oxnard/Port Hueneme

#### 3. West County & Inland:

- Ventura
- Ojai
- Santa Paula
- Fillmore/Piru

### D. Experience *I have experience supporting teens or adults with the following diagnoses:*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> *Autism Spectrum Disorder (ASD)                          | <input type="checkbox"/> *Asperger's                 | <input type="checkbox"/> *Abuse / Neglect / PTSD (circle which) |
| <input type="checkbox"/> Communication Challenges ("Non-Verbal")                  | <input type="checkbox"/> Down Syndrome               | <input type="checkbox"/> *Non-Ambulatory (wheelchair)           |
| <input type="checkbox"/> Intellectual Disab. - Mild to Moderate                   | <input type="checkbox"/> Cerebral Palsy              | <input type="checkbox"/> Incontinence (no diapers)              |
| <input type="checkbox"/> *Intellectual Disab. - Moderate to Severe                | <input type="checkbox"/> ADD / ADHD                  | <input type="checkbox"/> *Incontinence (wears diapers)          |
| <input type="checkbox"/> Behavioral Challenges - Mild to Moderate                 | <input type="checkbox"/> *Psychiatric Disorders      | <input type="checkbox"/> *Diabetes / Special Diets              |
| <input type="checkbox"/> *Behavioral Challenges - Moderate to Severe              | <input type="checkbox"/> *Seizures (mild/infrequent) | <input type="checkbox"/> *Prader Willi                          |
| <input type="checkbox"/> *Medical - Minor (medication only)                       | <input type="checkbox"/> *Seizures (frequent)        | <input type="checkbox"/> *PICA (eats inedible objects)          |
| <input type="checkbox"/> *Medical - Moderate (dressing care and medications only) |  | <input type="checkbox"/> Hearing Impaired / Deaf                |
| <input type="checkbox"/> *Medical - Severe (G tube care and insulin injections)   |  | <input type="checkbox"/> Visually Impaired / Blind              |
| <input type="checkbox"/> Other: _____   |  |   |

*\*Requires more extensive training from parents than typical orientation, prior to providing care*

### E. Employee Emergency Contact Information

The health and safety of our employees is extremely important to us. Please complete this section and make sure each family/individual you help has this information should anything happen to you while in their home. During the course of employment, if we cannot reach you by phone within forty-eight (48) hours, we may contact these individuals.

Emergency Contact Name	Relationship	Phone Number(s)

Allergies: \_\_\_\_\_

I carry an Epi-pen for my allergies at all times (keep far out of reach of individuals in your care)

### F. Physical Limitations

\*Please note that section (h) of the job description specifies the requirement that employees can safely lift a **minimum of 50 lbs.** for their own protection and that of the individuals we support.

Physical limitations related to the job:  No  Yes (One box must be checked)

Per doctor's orders, I cannot lift over \_\_\_\_\_ pounds (*must submit medical clearance if hired*)

I cannot climb stairs  I cannot run after active individuals

Please describe any limitations checked above and possible accommodations that can be made:

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### G. Preferred Home Environment (optional)

Prefers non-smoking home

Prefers no pets due to allergies

I have completed the above information honestly and will provide any material updates to Channel Islands Social Services as they occur. I understand it is my responsibility to furnish my own emergency contact information to each family/individual at the time of my service.

\_\_\_\_\_  
Signature and Printed Name

\_\_\_\_\_  
Date