



# Personal Care Attendant (PCA) Registration Form

Personal Care Attendants are often needed by individuals with disabilities to assist with activities of daily living. The need for assistance **MUST** relate to the individual's disability **AND** be beyond the driver's ability to reasonably accommodate in terms of assistance. Approved applicants may have one PCA travel with them at no charge for *trips that qualify as Americans with Disability Act complementary paratransit*.

Activities performed by a PCA may include: mobility assistance or personal care with eating or communicating (verbal, sign language, reader services) on a permanent, occasional, or temporary basis. Regular use should be interpreted to be consistent with underlying need – for example, a blind person regularly using a PCA for shopping. *A Personal Care Attendant is NOT someone you wish to ride for companionship or pleasure.* Do not apply for a PCA unless it is genuinely for travel and function.

**Please complete this application entirely. Incomplete applications will not be considered. Have your physician certify that you require a PCA to travel.**

Passenger Name: \_\_\_\_\_ Gender: Male / Female  
Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

## 1. How often do you need to travel with a PCA?

Always  Sometimes  Never  Temporarily: Expected Duration \_\_\_\_\_ - \_\_\_\_\_

## 2. When traveling with a PCA, what functions do they help you with?

- |  |  |
|--|--|
| <input type="checkbox"/> Getting to and from bus stops                           | <input type="checkbox"/> Personal care at destination (eating/toileting, etc.) |
| <input type="checkbox"/> Getting on or off the bus                               | <input type="checkbox"/> Behavioral supervision/control at destination         |
| <input type="checkbox"/> Help navigating to/from destination                     | <input type="checkbox"/> Other; please describe: _____                         |
| <input type="checkbox"/> Physical/behavioral assistance while riding the vehicle | _____  |

**I certify that I need the services of a PCA to make independent travel possible. I understand that a PCA is a person designated specifically to assist me with the completion of at least one daily activity on a daily basis.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Physician Certification

Name: \_\_\_\_\_ Ohio License Number: \_\_\_\_\_  
Title: \_\_\_\_\_ Agency: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that, based upon my skill, knowledge, and experience, and based upon a reasonable degree of certainty, the above named applicant requires a PCA to accompany them to travel during the specified frequency of travel.

Ohio law prohibits the making of false statements when the statement is made with the purpose of misleading a public official or to secure payment of benefits paid out of the public treasury. Section 2921.13 ORC