



Personal Attendant Certification

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 complimentary paratransit.*

Activities performed by a PCA may include: mobility assistance, 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 the 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 to apply for a PCA unless it is genuinely necessary 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?
 Getting to and from bus stops
 Getting on or off the bus
 Help navigating to/from destination
 Physical/behavioral assistance while riding the vehicle
 Personal care at destination (eating/toileting, etc.)
 Behavioral supervision/control at destination
 Other; please describe: _____

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: _____

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.