Application for Personal Care Attendant

This application is for individuals who are 65 years or older who cannot travel without assistance. To be eligible for a Personal Care Attendant (PCA), a certifying agent such as a doctor or medical professional must sign the back of this form, verifying your need for such a service.

1. Personal Care Attendants ride free of charge as long as they enter and exit the bus with the rider. The PCA must be physically and mentally able to assist the rider on and off of the vehicle and cannot be in a mobility device or need the assistance of a cane, walker or any other mobility assistance device. The PCA cannot be visually impaired nor be signed up to require a PCA for their own transportation.

2. Chesco Connect does not provide the rider’s PCA. The PCA is chosen by the rider, and must be fully capable of assisting the rider once they leave the vehicle. The PCA cannot require assistance themselves.

3. Minors are required to have adult supervision while riding on Chesco Connect they may not act as Personal Care Attendants for their parents or grandparents.

4. Fill out both sides of this application and return to the above address.

(This Section to be filled out by Applicant)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>Birth Date</td>
</tr>
<tr>
<td>Contact Person</td>
<td>Contact’s Phone</td>
</tr>
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Do you require a wheelchair accessible vehicle (__) Yes (__) NO

If you have any other special needs, please describe them in the space provided below.

________________________________________________________________________

________________________________________________________________________

I certify, to the best of my knowledge that the information provided is true, and I agree to the release of this information to Chesco Connect for the purpose of Personal Care Attendant certification.

Applicant’s Signature:________________________________________________________________________
This certifies that (applicant’s name)_________________________ requires a Personal Care Attendant while traveling with Chesco Connect.

The applicant is (___) permanently or (___) temporarily disabled.
If the disability is temporary, please indicate the number of months the applicant will require a Personal Care Attendant. (___)

In the space provided below, please describe the nature of the applicant’s disability, and any special needs the applicant may have.

__________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________

Certifying Agent Information:

Name (please print)__________________________________________________________

Address_____________________________________________________________________

Phone

Agency Name:________________________Physician’s License#_____________________

Signature________________________

(For office use only)

Date Application Received:_____________________________________

Authorized Signature:_____________________________________________

Ecolane Updated (___)

Card Sent (___)