



EASTERN CONNECTICUT STATE UNIVERSITY

83 WINDHAM STREET • WILLIMANTIC, CONNECTICUT 06226 • 860-465-5000

## **The Office of AccessAbility Services**

### **Personal Care Attendant Protocol**

#### **Definition**

A Personal Care Attendant (PCA) is a person hired by a student with a disability to perform activities of daily living duties in residence halls, classrooms, programs, and activities.

Eastern Connecticut State University is committed to accommodating individuals with disabilities as addressed by the Americans with Disabilities Act. Eastern understands that a PCA may be necessary to address the personal needs of a student with a disability in order for the student to fully participate at the university.

#### **Securing a PCA**

Eastern makes every effort to reasonably accommodate students with documented disabilities, however, the responsibility of securing a PCA lies with the student. Eastern does not assume employment of, financial responsibility for, or legal liability for PCA services. Students who use a PCA are responsible for securing, training, supervising, and paying their PCA.

#### **Procedure for Registration of Personal Care Attendants on Campus**

The student who plans to use a PCA on campus is required to register the PCA with the Office of AccessAbility Services (OAS).

#### **Registration Requirements:**

- Sufficient and current documentation of the need for a PCA, as documented by the appropriate health care professional.
- The PCA must submit PCA certifications or proof of employment with an agency.
- The PCA must undergo a background check. If the PCA is an employee of an agency, the OAS will verify that the PCA underwent a background check. If the PCA is an independent contractor, the PCA must undergo an appropriate background check



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through Eastern's Human Resources. Eastern is not responsible for the payment of the background check.

- The PCA is required to submit medical/immunization records. The PCA should submit the Full-Time Student Health Form on the Health Services website:  
[http://www1.easternct.edu/health/files/2013/12/CSUHealthformfinal011411\\_001.pdf](http://www1.easternct.edu/health/files/2013/12/CSUHealthformfinal011411_001.pdf)
- The PCA must have an Eastern Contractor Badge made at Card Services. Contractor Badges are free of charge. Please note that the PCA will have to inform Card Services of his/her contact information, agency contact information, and date of birth.
- The PCA must sign the OAS Statement of Confidentiality.
- The PCA and the student must submit a new Personal Care Attendant Agreement Form each semester.
- The student must submit a Service Request Form and course schedule, for professor notification at the beginning of each semester.
- The student must submit a signed consent form allowing the OAS to inform other campus offices, staff and faculty, and potential or current roommates, suitemates, and hallmates of the need for the PCA.

### **PCA and Housing**

Should a student need a live-in PCA, the student must submit a Housing Accommodations Application to the Office of Housing and Residential Life as soon as the student registers with the OAS. Housing accommodations depend on availability of space and are not guaranteed.

### **Personal Care Attendant Regulations**

- The PCA should act as a silent observer in the classroom.
- The PCA should not provide answers or assistance with quizzes, tests, and in-class assignments. In addition, they should not participate in class discussions and lectures.
- The PCA should not carry on conversations with the student or disrupt the learning environment in any way.
- The PCA, as well as the student he/she is assisting, are responsible for abiding by the Eastern Connecticut State University Code of Conduct.



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**Personal Care Attendant Agreement Form**

Student: \_\_\_\_\_

ID: \_\_\_\_\_

**Personal Care Attendant Information**

Birth Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Last four digits of Social Security Number: \_\_\_\_\_

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

Agency/Company Name: \_\_\_\_\_

Agency/Company Address: \_\_\_\_\_

Agency/Company Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Expiration Date of Card: \_\_\_\_\_

Knowledge of any prior affiliation with the University: \_\_\_\_\_

University Contact Name and Department: \_\_\_\_\_

**Semester Information**

Semester: \_\_\_\_\_

Courses/Days/Times the PCA will be on campus:

\_\_\_\_\_  
\_\_\_\_\_