

Personal Care Attendant Policy and Form

Accessibility Services, 123 Row Hall, counseling@westga.edu, (678) 839-6428,

<http://www.westga.edu/accessibility>

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The University of West Georgia allows qualified students with a disability to use the services of a personal care assistant (PCA). A PCA is an individual hired by the student to assist with services of a personal nature, such as feeding, bathing, dressing, and other tasks of daily living for which the student requires assistance. This assistance is allowed for all UWG events, activities, and services. PCAs are NOT allowed to provide assistance with any academic-related tasks in the classroom or other setting. Students requiring assistance with academic tasks, such as testing and note taking, will receive accommodations outside the role of the PCA. PCAs are allowed to attend class with a student if deemed necessary to assist with mobility or other tasks. However, it is the student's responsibility to notify his/her instructors prior to attending class with a PCA. A qualified student is one who has provided the required medical documentation to Accessibility Services, satisfying the University System of Georgia Board of Regent documentation guidelines. USG guidelines are in compliance with the definition of a disability under the Rehabilitation Act of 1973 and/or the 1990 Americans with Disabilities Act (ADA) and its 2009 Amendment.

Universities are NOT required to provide personal care services or offset any costs associated with these services, including housing, meals, etc. as outlined in Title II of the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, and the U.S. Department of Education Office for Civil Rights (OCR). It is the student's responsibility to compensate and provide for the PCA's needs. It is also the student's responsibility to provide a copy of this policy to the PCA.

PCAs should be licensed, bonded and insured professionals. A student requesting a PCA who is not a professional care provider will need to discuss the situation with his/her accessibility counselor. **Approval for PCAs who are not professional care givers will be provided if in the determination of the Director of the Counseling Center this is necessary.** No more than **three (3) individuals** per student can be listed and provided access to serve as PCAs.

To live in UWG housing, students with a disability who require the assistance of a PCA must secure these services at least **four (4) weeks** prior to the start of the semester. Students will be expected to do the following:

- Submit a letter to Accessibility Services from the student's physician verifying personal care services are necessary for the student to live in UWG housing. The letter should be on letterhead and signed by the physician. This letter is in addition to the documentation required to establish disability and provide classroom accommodations.
- Complete a "Housing Personal Care Assistant Form" (pages 3-4 of this document) and submit to Accessibility Services who will maintain a copy and forward to Housing and Residence Life.
- All individuals provided access to provide PCA services will be subject to a background check pursuant to Housing and Residence Life policies and procedures.

- PCAs will need to have a UWG identification card made through the Wolves Card Headquarters located in the UCC once all previous steps have been completed. This card will allow entry into the appropriate housing and academic buildings on campus.
- PCAs are required to follow all University rules, regulations, policies, and procedures while on any UWG campus and while attending any UWG sponsored event. PCAs found not abiding by this policy will be asked to leave campus immediately, regardless of the arrangements they have with the student. The appeals process for a PCA who has been asked to leave campus is as follows:
 - Appeal prepared by the PCA must be made in writing and submitted to the Appeals Committee consisting of the Director of the Counseling Center, the Assistant Director of Accessibility Services, and the Director of Housing (or Director's designee) within ten (10) working days from the date of the alleged violation. The PCA's full name and address should be included. The appeal should briefly describe the circumstances and argument in defense of allowing the PCA to return to campus.
 - An investigation may be conducted as deemed appropriate. The investigation will be informal, but thorough, and will allow all interested persons and their representatives, if any, an opportunity to submit evidence relevant to the appeal.
 - A written determination of the resolution will be issued by the Appeals Committee, or its designee, within ten (10) working days after the written appeal and all supporting evidence are submitted.

**University of West Georgia
Housing Personal Care Assistant Form**

Student's Name _____ 917 ID# _____

Semester/Year _____

By signing below I agree that I understand that this form must be repeated for each semester for which I will require PCA services. I further understand it is my responsibility to update Accessibility Services if any of the following information changes during the semester. I acknowledge I have received a copy of the UWG Personal Care Attendant Policy and am aware of the steps required to secure PCA services.

Student's Signature _____ Date _____

If services are provided through an agency, please provide the following:

Name of Agency _____

Address _____

Phone Number _____

Is agency licensed, bonded, and insured? _____ Yes _____ No

Please complete the following for the primary service provider (PCA #1):

Name _____

Professional Care Provider _____ Family Member _____ Friend _____

If family member, what relation? _____

Address _____

Phone Number _____

By signing below I agree I will provide the personal care services required by the student and that I have received a copy of the UWG Personal Care Attendant Policy.

Signature _____ Date _____

PCA #2 in the event PCA #1 cannot perform services:

Name _____

Professional Care Provider _____ Family Member _____ Friend _____

If family member, what relation? _____

Address _____

Phone Number _____

By signing below I agree I will provide the personal care services required by the student and that I have received a copy of the UWG Personal Care Attendant Policy.

Signature _____ Date _____

PCA #3 in the event PCA #1 and #2 cannot perform services:

Name _____

Professional Care Provider _____ Family Member _____ Friend _____

If family member, what relation? _____

Address _____

Phone Number _____

By signing below I agree I will provide the personal care services required by the student and that I have received a copy of the UWG Personal Care Attendant Policy.

Signature _____ Date _____

FOR OFFICE USE ONLY:

Background Check Cleared, PCA #1: _____ YES _____ NO

If PCA #1 not a professional care provider, signature of Director of Counseling Center required:

Signature _____ Date _____

Background Check Cleared, PCA #2: _____ YES _____ NO

If PCA #2 not a professional care provider, signature of Director of Counseling Center required:

Signature _____ Date _____

Background Check Cleared, PCA #3: _____ YES _____ NO

If PCA #3 not a professional care provider, signature of Director of Counseling Center required:

Signature _____ Date _____