



Personal Care Attendant (PCA)

DRC Student Agreement

This form must be completed by the DRC student approved with the accommodation of a Personal Care Attendant (PCA). **Students must initial next to each paragraph to**

expectations.

1. _____ I understand that securing, training, supervising and paying the PCA is my sole responsibility. The University personnel, sponsored technology (Canvas, Workday, Handshake, etc.), and official digital or print communications and marketing platforms cannot be utilized to coordinate PCA services.
2. _____ I understand the employment and services contract is between myself/my family and the PCA/agency of whom I employ, and that I have no employment relationship or contract with Montclair State University. In addition, I hereby release the University to the fullest extent

Housing, and required meal plans. I also understand that employment as a PCA is not required nor applicable to degree or course requirements or academic standing for either student.

4. _____ I understand that it is my responsibility to ensure the PCA registers with the DRC prior to employment; inform the DRC of PC0000912 0 612 792 reW*nQD.00000912 0 612 792 reW*nBT/f 11;



8. _____ I will not request the PCA complete my academic coursework, including completing any class assignment, taking tests, etc.

9. _____ I understand the PCA may be subject to removal from the residence halls or academic classrooms/labs/studios, removal from the University campus, loss of privileges or any other action the University considers appropriate in the event the University decides that the PCA has acted in a manner inconsistent with the above or falsified any information on this or the PCA Agreement.

10. _____ I understand the PCA may not begin employment, reside in University housing or provide services as a PCA on the Montclair State University campus until execution of the Personal Care Attendant Agreement, Personal Care Attendant- Student Agreement and the foregoing conditions are satisfied.

By initializing each paragraph above and signing this agreement, I am certifying that I received, read and agree to comply with the Montclair State University Personal Care Attendant Policy, all information about me included on this form is true and correct, and I agree to the terms of this Agreement.

Student Name:
CWID:
Student Signature:
Date:
Disability Resource Center Director Name:
DRC Director Signature:
Date: