



# WPI

Office of Accessibility Services

## Personal Care Attendant (PCA) Agreement

### Student Information:

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Residence Hall: \_\_\_\_\_ Room Number: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Was PCA secured through an agency? ☐ Yes ☐ No

If yes, agency name: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

### PCA Information:

PCA Name: \_\_\_\_\_ PCA phone number: \_\_\_\_\_

PCA Email Address: \_\_\_\_\_

Will a campus parking pass be needed? ☐ Yes ☐ No

If yes, please include the below vehicle information:

Car Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

### Certification and Acknowledgement:

By signing below, I acknowledge and agree:

- I have read and will abide by the Worcester Polytechnic Institute (WPI) Personal Care Attendant (PCA) Policy.
- I will immediately notify the Office of Accessibility Services of any changes to the status of the above-mentioned PCA(s).
- I will submit this agreement on an annual basis, regardless of any changes.
- I understand that I am solely responsible for the safety, health, behavior, and actions of the PCA(s) while on campus or at a WPI-owned property (including but not limited to ensuring the PCA(s) abide by all applicable WPI policies).
- I will not hold WPI liable for any action or inaction of the PCA and I will defend, indemnify and hold harmless WPI, its affiliates, subsidiaries, trustees, officers, students, employees and agents, and their respective successors, heirs, and assigns, from and against any and all claims, damages, liabilities, costs and expenses, including reasonable legal fees and expenses, resulting from, arising out of, or related to claims of any kind or nature concerning the PCA(s).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PCA signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Date agreement received: \_\_\_\_\_ Background check cleared? ☐ Yes ☐ No

Date ID card issued: \_\_\_\_\_ If PCA is a parent, HREC sign off: \_\_\_\_\_