

# MONTCLAIR STATE UNIVERSITY

## Personal Care Attendant (PCA) Agreement

This form must be completed by a Personal Care Attendant (PCA) working with a Montclair State University student approved for such service by the Disability Resource Center (DRC). **Please initial next to each item to indicate understanding and agreement, and sign at the bottom.**

1. \_\_\_\_\_ (*initial*) I understand that my employment and services contract is between myself and the student/family/agency for whom I work, and that I have no employment relationship or contract with Montclair State University. In addition, I hereby release the University to the fullest extent permitted by applicable law, from any and all claims or causes of action that could arise in connection with my work.
2. \_\_\_\_\_ (*initial*) I understand that the employment relationship between myself/my family and a current Montclair State University student as a PCA does not impact either student's financial responsibilities related to tuition, student fees, University 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.
3. \_\_\_\_\_ (*initial*) I confirm that I meet all University health and safety requirements. As such, I consent to provide vaccination records, clearance of a background check, professional liability insurance (where applicable), or personal protective equipment required.
4. \_\_\_\_\_ (*initial*) I will adhere to ADA, FERPA and HIPAA standards of confidentiality and refrain from discussing any confidential information about the student with faculty, staff or students.
5. \_\_\_\_\_ (*initial*) I understand that while I am on campus performing duties as a Personal Care Attendant, I am required to conduct myself in a courteous and professional manner, in accordance with Montclair State University *Code of Conduct*, and all other policies and practices of the University.
6. \_\_\_\_\_ (*initial*) I understand that it is my responsibility to inform the student, who is my employer, of any matters which will result in my absence, tardiness, or resignation.
7. \_\_\_\_\_ (*initial*) Upon contracting with the student and prior to beginning employment, I agree to discuss with the student the type of assistance and tasks required by the student to meet their needs for independent living as supported by documentation provided to the DRC.
8. \_\_\_\_\_ (*initial*) I understand that in the classroom I am performing my duties on behalf of a Montclair State student and am not myself a participant in the learning environment. Therefore, I will not ask questions, make comments, take notes unless required as an accommodation for the student's disability, complete course requirements or engage in any behaviors that are not directly in support of the student.

# MONTCLAIR STATE UNIVERSITY

9. \_\_\_\_\_ (*initial*) I will maintain a non-disruptive mode of communication with the student I serve, so as not to disturb or distract from the learning environment.

10. \_\_\_\_\_ (*initial*) As a PCA, I will not be involved in the student's coursework, including completing any class assignment, taking tests, etc.

11. \_\_\_\_\_ (*initial*) I understand that I 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 I have acted in a manner inconsistent with the above or if I have falsified any information on this Agreement.

12. \_\_\_\_\_ (*initial*) I understand that I 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 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.

<b>Personal Care Attendant Name:</b>
<b>PCA Signature:</b>  <b>Date:</b>
<b>Contact Phone Number:</b> <b>Vehicle Make/Model/License Plate (Overnight PCA ONLY):</b>
<b>Student Name:</b>  <b>CWID:</b>
<b>Student Signature:</b>  <b>Date:</b>
<b>Disability Resource Center Director Signature:</b> <b>Date:</b>