



ID # \_\_\_\_\_

## Certification for a Personal Care Attendant

A personal care attendant (PCA) is someone designated or employed to assist you in completing one or more daily life functions. A PCA need not always be the same person. PCAs do not pay a fare on Spokane Transit's Paratransit. Your PCA's trip must be from the same origin and to the same destination and at the same time as your trip. Your PCA also may ride with you on the regular fixed route bus for free when you show the driver your Paratransit ID card.

### Paratransit Customer Information (please print)

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Mailing

Address \_\_\_\_\_ Apt./Sp. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The address where Paratransit will pick you up (if different from mailing address)

Street Address \_\_\_\_\_ Apt./Sp. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female  
MM/DD/YYYY

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

I hereby certify that due to a disability, I require the services of a Personal Care Attendant (PCA) to assist me with the completion of one or more daily life functions. I will need a PCA to travel with me:  
Sometimes  Always   
I certify under penalty of perjury under the laws of the State of Washington (RCW 9A-72.085 and RCW 40.16.030) that the information provided on this form is true and correct.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

*If someone other than the applicant completes this form, please print the following:*

Name \_\_\_\_\_ Daytime Phone # (\_\_\_\_) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Agency \_\_\_\_\_

Return completed form to: **Spokane Transit - Paratransit**  
**1230 W Boone Avenue**  
**Spokane, WA 99201**  
**Fax: 509-232-6784**

Spokane Transit assures nondiscrimination in accordance with Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act. For more information, visit [www.spokanetransit.com](http://www.spokanetransit.com). All phone numbers are accessible for people who are deaf or are hard of hearing through Relay 711.

Upon request, alternative formats of this document will be produced for people who are disabled. Call (509) 325-6094 or email [ombudsman@spokanetransit.com](mailto:ombudsman@spokanetransit.com).