

Either a participating agency or physician must complete the following section

Agency / Physician Name _____
Address _____
City _____ State _____ Zip _____
Date _____ Phone _____
Signature _____

For Office Use Only

Date Issued _____ Issued By _____

Please Note the Following

The American with Disabilities Act (ADA) contains certain provisions regarding the transportation of **Personal Care Attendants (PCA)**. If you require that a personal care attendant accompany you for all your travels, **please include a signed letter from your physician on the physicians letter head, which specifically names that person and certifies that you are unable to travel without such care and assistance. Without proper certification from your physician you will not receive a PCA through EATRAN**

PCA _____
(Name)

The Eaton County Transportation Authority (EATRAN) reserves the right to require that persons using handicap certification cards or representing themselves as personal care attendants show additional identification for purposes of identity confirmation.