

MMT

MARSHALLTOWN MUNICIPAL TRANSIT

PERSONAL CARE ATTENDANT CERTIFICATION

Name _____
Last _____ First _____ MI _____

Address _____
City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

What is your disability? _____

What mobility equipment do you use? _____

I certify that I need the services of a personal care attendant to make independent travel possible. A personal care attendant is someone designated or employed specifically to assist me with the completion of at least one daily activity on a regular basis.

I will need a personal care attendant:

- Permanently
- Temporary
- Occasionally

I certify that the information provided is true and correct

Signature _____ Date _____

Witness (if completed by someone else) _____