

# 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) \_\_\_\_\_