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## Guidelines for Personal Care Attendant

### Policy Statement

Hofstra University complies with state and federal laws, including Section 504, the ADA, and the Fair Housing Act, ensuring no qualified individual with a disability is excluded from or discriminated against in any program or activity. The University is committed to providing accommodations for qualified individuals with disabilities.

A Personal Care Attendant (PCA) may be necessary for a student with a disability (SWD) to fully participate at the University. However, Hofstra does not provide personal devices or services, including assistance with personal care (dressing, bathing, feeding, transfers, errands, etc.). The student is responsible for hiring, compensating, training, and supervising their PCA. The University does not coordinate or finance PCA services and is not liable for PCA acts.

PCA's may be subject to removal from the residence halls, expulsion from the University campus and/or any other action the University considers appropriate in the event the University determines that the PCA has acted in a manner inconsistent with University policies and/or procedures. The PCA may be removed from campus immediately regardless of the contractual arrangement the PCA has with the student.

University-issued identification cards remain the property of Hofstra University, and must be surrendered once a PCA is no longer working with a given student and/or upon request of an authorized University employee.

### Definitions

**Personal Care Attendant (PCA):** A Personal Care Attendant (PCA) is defined as an individual hired to provide ongoing or temporary personal care services or to a student with a qualifying disability that supports activities of daily living (ADL) and permits them to live an independent life. PCAs are *non-active participants* in the *academic, learning, and living environments*. Generally, PCAs are not expected to attend classes, unless specifically approved by the Student Access Office.

**Student with a Disability (SWD):** is an otherwise qualified individual who has a physical or mental impairment that substantially limits one or more major life activities, as specified according to the Americans with Disabilities Amendments Act (2008).

### Procedures

#### Student Responsibility:

- Individually secure a PCA prior to attending any University activity where they may require one, (orientation, placement testing, registration, and class attendance). The University is not responsible for providing a PCA on an interim basis

- Residential students requesting a PCA be present in the residence halls must submit the following documents to the Student Access Services for a formal review:
  - Request for Reasonable Housing Accommodations form, requesting a "Personal Care Attendant (PCA) in Residence Hall," along with supporting documentation. The process and ADA documentation guidelines are available on the University website.
    - [Request for Reasonable Housing Accommodation Assignment](#)
    - [ADA Guidelines for Documentation](#)
  - A copy of PCA's criminal background check
  - Provide completed PCA Health Attestation Form to SAS for confidential review by the Student Health Center.

Upon approval:

- Student must ensure each PCA obtains a photo ID card with Campus Access and Security Systems
  - Email [accesssecurity@hofstra.edu](mailto:accesssecurity@hofstra.edu) with [sas@hofstra.edu](mailto:sas@hofstra.edu) cc'd
  - Include specific room/building locations that PCA will need card swipe access to
- Resubmit all required documents if PCA personnel changes occur during the semester.
- Provide a copy of the Guidelines for Personal Care Attendant to each PCA.
- Direct and be responsible for the PCA's actions on campus, ensuring they fulfill their duties.
- Adhere to the University's Code of Conduct, Hofstra's Living Factor, Guide to Pride, and all other University policies.

### **Personal Care Attendant (PCA) Responsibility:**

- PCAs must follow Hofstra University policies and procedures. Hofstra reserves the right to remove a PCA from campus if he or she violates University policies and procedures, regardless of the contract the student has in place with the PCA
- Complete background check, contract/terms of employment between the PCA Agency, all health immunization forms, and provide a response to meningitis form at Health Services
- Adhere to all University policies, rules, regulations, and procedures
- Carry their University issued ID at all times while on campus
- Not discuss any confidential information about the student with faculty, staff, students or students
- Allow the student to take responsibility for his/her own academic progress and/or behavior
- Will not contact or ask questions of faculty, staff, or others on behalf of the student
- Will not intervene in conversations between the student and faculty, staff or other students

**Should it be determined upon review of appropriate, supporting documentation, that it is medically necessary for the PCA to accompany the student into the classroom, the PCA will:**

- Not engage in disruptive or distracting behavior. Examples of such behavior include, but are not limited to, conversing with the student, personal use of electronic devices, reading, eating, etc. during class times
- Refrain from actively participating in class
- Refrain from actively participating in the testing or assessment process
- Not photograph or record any classroom activity
- Will not work on or complete any of the student's academic assignments

**Personal Care Attendant Health Attestation Form**

**To the Personal Care Attendant:**

Hofstra University requires anyone serving as a personal care attendant (PCA) in a residence hall to meet certain health requirements in order to protect our entire campus community. In order to limit the amount of personal health information we collect, we ask that your healthcare provider complete the form below, in lieu of submitting your medical records to us.

**To the Healthcare Provider:**

To protect patient privacy, please do NOT provide specific diagnostic information or send medical records of the patient to us. Instead, please indicate that the patient named above meets each of the following requirements:

Item	Detail	Response	
Free from communicable disease(s)	Only those diseases that can be transmitted through casual contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vaccination against or immunity to Measles, Mumps and Rubella	Either 2 doses of MMR vaccine OR 2 doses of Measles, 1 dose of Mumps and 1 dose of Rubella OR Serologic immunity to Measles, Mumps and Rubella	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vaccination again or immunity to Varicella	2 doses of vaccine OR Positive serology	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tuberculosis screening	Recent IGRA OR 2 step skin test OR Acceptable initial screening with no risk factors and no recent exposure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recommended			
Influenza vaccine	Annual vaccine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
COVID-19 vaccine	Annual vaccine	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Student Full Name (Print) \_\_\_\_\_

Student ID \_\_\_\_\_

PCA Full Name (Print) \_\_\_\_\_

Health Care Provider Full Name and Credentials (Print) \_\_\_\_\_

Health Care Provider Signature \_\_\_\_\_