

# PERSONAL CARE ASSISTANT HANDBOOK

## Certificate of Acknowledgement

By signing below, I acknowledge that I have read each of the policies and safety information described in the Personal Care Assistant Handbook. I have asked any questions that I had, and I understand these policies. I understand that it is my obligation to know and abide by these policies. I understand that deliberate failure to follow these policies is a breach of policy and I can be terminated.

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(Print) Personal Care Assistant's Name

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Personal Care Assistant Signature

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Date

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(Print) Consumer's Name

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Consumer / Employer's Signature

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Date

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PCA Coordinator

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Date

Personal Care Assistant Handbook  
(rev. 04/09, tah/trr)