

**Appointment:** Karimbano has appointment with Nidun Daniel

**Goal:** Karimbano to Medical Appointment

**Date:** 12/12/22

**Number of individuals to be transported:** 2

**Client name(s):** (1) Paul (PA); (2) Karimbano

**DOB:**

**If appointment is for a child, Parents' name:**

**Parents' DOB:**

**Client's Address:** 260 Kislingbury St, Rochester, NY, 14613

**Client's Phone:** 585-557-0086/ 585-557-0288

**Language(s):** Kinyabwisha/ Kiswahili

**Appointment pick-up time:** 1:00 PM

**Appointment time:** 1:30 PM

**Appointment Location:** Center for Refugee Health

**Address:** 222 Alexander St., 4th Floor, Rochester, NY 14607

**Provider:** Rochester Reginal Health

**Client needs to bring:** Medicaid cards

**Type of appointment:** First appointment

**Estimated duration of appointment:** 1:30 – 3:00 PM

**Estimated total time volunteering:** 1:00 – 3:30 PM

**Note:** any future updates, please call Yam @ 585-371-8382

**WR Contact:** Elisabeth Stojkovic – (585) 622-4336

**Notes:** At pick up: please knock at their door; no doorbell available.

**Additional Details & Instructions:**

1. She might need lab works and x-ray please assist them with that.
2. She might need to pick up prescribed medication, please assist with it too if the volunteer has time. Use their Medicaid card to pay for medication bills.
3. Please wear your World Relief lanyard
4. Contact the Volunteer Coordinator if you encounter any issues.
5. Please track your volunteer hours using the Track It Forward tool online and list the name of the client you assisted in the Comments/Notes section.