

## 2. Case Worker Requesting \*

Transportation for new arrival

## 3. Is there a specific volunteer you'd like to complete this task? \*

Anyone

## 4. Client Phone Number \*

JULES (817)962-7983 Caseworker number.

## 5. Client Name(s) or People Group \*

Nzayinambaho, Shyaka and his Son NSHUTI, Elyse will be coming from Rwanda ( Africa )

## 6. Client's Language \*

Kinyarwanda

## 7. Age(s) of Client(s) Who Will Be Receiving Service \*

Example: Can identify adults as "adult", but give specific age of child(ren)

he is 33 years old and his Son is 16 years old

## 8. Time of Service \*

8:15pm estimate time of Arrival.

9. Does this require driving a vehicle? \*

☒ Yes

☐ No

10. Is this an airport pickup? \*

☒ Yes

☐ No

11. What is the flight information? \*

8:15 PM UA6078

12. Drop Off Address \*

MONARCHPASS Apartment

13. How many total clients will be transported? \*

Please include the total number of car seats & identify if they are infant/toddler

2, no car seat require. are both adult

14. Is this request for a specific date? \*

Please enter date & time into the "other" section

☐ No

☒ 3/7/2023

## 15. How long will this task take from beginning to end? \*

2 hours max if there is no Delay of Flight.

## 16. If any, what materials will the client OR volunteer need? \*

Please be specific, i.e.: if volunteer needs a file, where can they find it? If a client needs a document, where would it be located?

will need a SIGN with World Relief or Their name so they don't get lost.

## 17. Important information \*

Please explain the problem/situation that the client needs assistance with, including if the volunteer is expected to stay with the client or just drop them off

just need to help client with their Luggages, so they dont leave things behind.