

View results

Respondent

174

Anonymous

35:43

Time to complete

1. What are you requesting? \*

- ☒ Case Aide
- ☐ Essential Opportunity
- ☐ Friendship Partner/Conversation Partner

Case Aide Request

2. What will the case aide be assisting you with? \*

- ☐ Filing
- ☒ Transportation
- ☐ SSA/HHSC Application
- ☐ School Enrollments
- ☐ Core Services

Case Aide Transportation Request

3. Which Case Aide are you requesting?

## 4. Case Worker Requesting \*

## 5. Client Phone Number \*

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

## 7. Client's Language \*

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

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

## 9. Pick Up Address or Location \*

## 10. Drop Off Address \*

## 11. Time of Service \*

## 12. Is this request for a specific date? \*

Please enter date & time into the "other" section

☐ No☒ Thursday, 9/29/2023 pick up at 9:20 AM

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

## 14. How many total clients will be transported? \*

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

2 clients, 5-year-old might need booster seat

## 15. 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?

Medicaid card for child and mother's identification card

## 16. 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

Volunteer will pick up clients from their home and drop them off at JPS hospital. The volunteer does not need to stay with the clients but will need to pick them up after their appointment and drop them off at home.