

View results

Respondent

107

Anonymous

03:31

Time to complete

1. What are you requesting? *

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

Essential Opportunity Request

2. Case Worker Requesting *

Luke English

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

Any

4. Client Phone Number *

(214) 269-6182

5. Client Name(s) or People Group *

Khalida Dastgeer
Ahmad Alim
Merhnoosh Alim

6. Client's Language *

Dari, English

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

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

18, 19, 37

8. Time of Service *

8:40am

9. Does this require driving a vehicle? *

☒ Yes

☐ No

10. Is this an airport pickup? *

☐ Yes

☒ No

11. Pick Up Address *

6000 Clearwater Dr. #122, Arlington, TX 76001

12. Drop Off Address *

1500 S Main St 4th Floor, Fort Worth, TX 76104

13. How many total clients will be transported? *

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

3

14. Is this request for a specific date? *

Please enter date & time into the "other" section

☐ No

☒ 5/23/2023 8:40am

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

3 or so hours

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?

Clients will need their EADs and Medicaid cards

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

Ideally clients will be accompanied up to the family clinic on the 4th floor to be checked in. Then the volunteer may do other things until contacted by the clients when they are finished with their checkups.