2. Case Worker Requesting *

Luke English

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

Any

4. Client Phone Number *

(817) 724-1134

5. Client Name(s) or People Group *

Nefe Minyanya (Congolese)

6. Client's Language *

Swahili, French

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

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

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8. Time of Service *

8am

9. Does this require driving a vehicle? *

○ Yes

○ No

10. Is this an airport pickup? *

○ Yes

● No

11. Pick Up Address *

4405 Abbey Ct. #5803, Fort Worth, TX 76119

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

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14. Is this request for a specific date? *

Please enter date & time into the "other" section

○ No

● 6/19/2023

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

> 2.5 hrs

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?

> ID, Medicaid card

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

> Please pick up client, drop them off at their appointment and help them check in, and return to pick them up and take them home when they are finished.