

View results

Respondent

129 Anonymous

14:15

Time to complete

1. What are you requesting? *

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

Essential Opportunity Request

2. Case Worker Requesting *

Stuart Robinson

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

No specific volunteer

4. Client Phone Number *

817-647-9819 (Olivier)

5. Client Name(s) or People Group *

Rubera Mbaraga, John Kagiraneza, Olivier Duhimbaze, Cynthia Masabato

6. Client's Language *

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

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

8. Time of Service *

9. Does this require driving a vehicle? *

☒ Yes☐ No

10. Is this an airport pickup? *

☐ Yes☒ No

11. Pick Up Address *

12. Drop Off Address *

13. How many total clients will be transported? *

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

14. Is this request for a specific date? *

Please enter date & time into the "other" section

☐ No☒ 06/30/2023

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

3-5 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?

The clients will need their Travel Documents (Photo Id's) and any prior medical documents.

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

The clients can be dropped off at the clinic and picked up once they done with their appointment.