

## 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 \*

817-655-5724

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

Mameya Mukizwa

## 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)

Adult

## 8. Time of Service \*

1-3 hours.

9. Does this require driving a vehicle? \*

☒ Yes

☐ No

10. Is this an airport pickup? \*

☐ Yes

☒ No

11. Pick Up Address \*

8525 Springmont Lane #24-24206, Keller, TX 76244

12. Drop Off Address \*

JPS Family Health Clinic. 4th Floor

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

☒ 03/17/2023

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

1-3 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?

Bring any medical documents that pertain to the previous visit. Bring ID.

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 volunteer can drop off the client at the appointment or stay with the client.