

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 *

Nasir 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)

46

8. Time of Service *

1pm

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

1

14. Is this request for a specific date? *

Please enter date & time into the "other" section

☐ No

☒ 5/9/2023

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

3 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 and 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

Pick up client, take him to the family clinic, check him in, do other tasks as needed until it is time to come back and pick him up.