View results

Respondent		
171	Anonymous	03:57 Time to complete
1. What are you requesting? *		
Case Aide		
Essential Opportunity		
Friendship Partner/Conversation Par	tner	
Essential Opportunity R	aguest	
Essential Opportunity N	equest	
2. Case Worker Requesting *		
Mackenzie McBee		
3. Is there a specific volunteer you'd	like to complete this task? *	
No		
4. Client Phone Number *		
8177790580		
E. Client Nemer's) or People Crew *		
5. Client Name(s) or People Group *		
(Husband) Abbas Alhasan		

6. Client's Language "	
Arabic	
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 *	
10/29 7 am @JPS	
9. Does this require driving a vehicle? *	
Yes	
○ No	
10. Is this an airport pickup? *	
Yes	
No	
11. Pick Up Address *	
2305 chelsea dr #1903 fort worth tx 76119	
12. Drop Off Address *	
1500 S Main st, fort worth, tx 76104 (needs transportation from home to hospital, from hospital back home)	
13. How many total clients will be transported? *	
Please include the total number of car seats & identify if they are infant/toddler	
2 (husband and wife)	
14. Is this request for a specific date? *	
Please enter date & time into the "other" section	
○ No	
① 10/29 7 am	

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

Danas da as MDI tima		
Depends on MRI time		

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?

N/A			

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

Husband (Abbas) has severe mobility issues, uses a wheelchair that needs to fit in vehicle.