Respondent

121   Anonymous

10:58

Time to complete

1. What are you requesting? *

○ Case Aide

◉ Essential Opportunity

○ Friendship Partner/Conversation Partner

Essential Opportunity Request

2. Case Worker Requesting *

Noelle Foster

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

NA

4. Client Phone Number *

(817) 715-9402

5. Client Name(s) or People Group *

Jean Hakizimana

6. Client's Language *

Swahili

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

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

1 adult

8. Time of Service *

1:30

9. Does this require driving a vehicle? *

◉ Yes

◯ No

10. Is this an airport pickup? *

◯ Yes

◉ No

11. Pick Up Address *

4517 Emperor Dr. #2101, Fort Worth, TX 76119

12. Drop Off Address *

JPS Family Health Clinic 4th floor
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 adult

14. Is this request for a specific date? *

Please enter date & time into the "other" section

◯ No

◉ 06/16/2023

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

> 2.5 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?

> Client needs ID and Medicaid card if he has one yet.

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

> Client will need assistance getting checked in, but volunteer does not need to stay for the entirety of the appointment.