

## 2. Case Worker Requesting \*

Luke English

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

Any (maybe female would be best)

## 4. Client Phone Number \*

(817) 724-3289 (WhatsApp is best but can text I think)

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

Nefe Minyanya (Congolese)

## 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)

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## 8. Time of Service \*

8am

9. Does this require driving a vehicle? \*

☒ Yes

☐ No

10. Is this an airport pickup? \*

☐ Yes

☒ No

11. Pick Up Address \*

4405 Abbey Ct. #5803, Fort Worth, TX 76119

12. Drop Off Address \*

1201 S Main Street, Fort Worth, TX

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

☒ 6/6 at 8am

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?

EAD card, Medicaid papers or 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

Client has an initial visit with a Gynecologist.