View results

Respondent								
151	Anonymous	03:19 Time to complete						
1. What are you requesting? *								
Case Aide								
Essential Opportunity								
Friendship Partner/Conversation Partner								
Essential Opportunity Re	equest							
2. Case Worker Requesting *								
Luke English								
3. Is there a specific volunteer you'd l	ika ta samplata this task? *							
5. Is there a specific volunteer you di	ike to complete this task!							
Any								
4. Client Phone Number *								
(682) 477-0004								
5. Client Name(s) or People Group *								
Yoanny Martinez-Barreto (Venezuelan)								

6.	Client's Language *
	Spanish
	Age(s) of Client(s) Who Will Be Receiving Service * Example: Can identify adults as "adult", but give specific age of child(ren)
	36
8.	Time of Service *
	1:30pm
9.	Does this require driving a vehicle? *
	Yes
	○ No
10.	Is this an airport pickup? *
	○ Yes
	No
11.	Pick Up Address *
	2029 Dayton St. #128, Haltom City, TX 76117
12.	Drop Off Address *
	1500 S Main St, Fort Worth, TX 76104 Radiology Department
	How many total clients will be transported? * Please include the total number of car seats & identify if they are infant/toddler
	Is this request for a specific date? * Please enter date & time into the "other" section
	○ No
	9/2/23 1:30pm

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

2.5 hours			
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 ID card, 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

Client has an MRI scheduled. Please help them check in for their appointment at the Radiology department, and please take them home when they are done.