2. Case Worker Requesting *

I am requesting transportation help for a family that has their 1st vaccination appointment at the TB clinic. It is a family of eight so two vehicles will be needed.

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

It doesn't matter.

4. Client Phone Number *

682-788-6118

5. Client Name(s) or People Group *

Abdul Nasir Majidi, Khatira Majidi, Ahmad Majidi, Zulheja Majidi, Hajira Majidi, Omran Majidi, Elham Majidi, Zainab Majidi.

6. Client's Language *

Dari

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

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

Two adults. Six children. The children's ages are 9, 14, 8, 15, 16 and less than 1 year old.

8. Time of Service *

They need to be at the appointment at 8am. They can be dropped off and picked up when the client is done with their vaccinations.

9. Does this require driving a vehicle? *
Yes
○ No
10. Is this an airport pickup? *
Yes
No
11. Pick Up Address *
4508 Regal Ridge Drive #2704, Fort Worth, TX 76119
12. Drop Off Address *
1101 S. Main Street, 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
8.
14. Is this request for a specific date? *
Please enter date & time into the "other" section
○ No

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

1-3 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?

The client will need to bring their ID (travel document/passport/etc) and their previous vaccination records.

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

They will need at least one baby car seat for the baby.