

2. Case Worker Requesting *

Stuart Robinson

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

No Specific Volunteer or Case Aid.

4. Client Phone Number *

817-501-9416

5. Client Name(s) or People Group *

Hamid Sulehmankhiel

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)

Adult

8. Time of Service *

The appointment for the client is at 8am.

9. Does this require driving a vehicle? *

☒ Yes

☐ No

10. Is this an airport pickup? *

☐ Yes

☒ No

11. Pick Up Address *

2308 Galleria Drive #5914, Fort Worth, TX 76119

12. Drop Off Address *

1101 South 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

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14. Is this request for a specific date? *

Please enter date & time into the "other" section

☐ No

☒ 03/22/2023 at 8am.

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

1-2 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?

They will need their visa and any medical documents they have.

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

The client has his first TB appointment at 8am. He just needs to be taken into the TB clinic and dropped off, they should then pick up the client once the appointment is done. The volunteer should give the client their number.