

View results

Respondent

136 Anonymous

03:31

Time to complete

1. What are you requesting? *

- Case Aide
- Essential Opportunity
- Friendship Partner/Conversation Partner

Essential Opportunity Request

2. Case Worker Requesting *

Noelle (on Luke's behalf, so please include him)

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

Na

4. Client Phone Number *

817-936-8735

5. Client Name(s) or People Group *

Prosper Gipfizi

6. Client's Language *

Kinyarwanda

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 *

9:00am

9. Does this require driving a vehicle? *

Yes

No

10. Is this an airport pickup? *

Yes

No

11. Pick Up Address *

2305 Chelsea Dr. #1906, Fort Worth, TX 76119

12. Drop Off Address *

JPS Family Health Clinic
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

7/25/23

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

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?

ID and Medicaid card, if he has it

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 help getting check in, however volunteer does not need to stay the whole appointment. Client will need to be taken back home afterwards.