View results

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	682-203-2652				
Yoanny Martinez-Barreto	5. Client Name(s) or People Group *				
	Yoanny Martinez-Barreto				

6. Client's Language *
Spanish
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 *
9:45am
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 *
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? *

2.1		
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?

ID and Medicaid card if she has it by then

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 assistance getting checked in, however volunteer does not need to stay the whole time. Client will need to be taken back home.