

You must return pages 1-4 and keep page 5 for your records**CLIENT INFORMATION:**

Client Name: _____ Phone number: _____

Address: _____ City, Zip: _____

Township: _____ Birth date: _____ Email: _____

Please circle one: Gender Male Female Are you a Veteran? Yes No Do you live with someone? Yes No

Will someone accompany you to the appointment? Yes No If so, who? _____

How did you hear about Connections to Care? _____

Do you have any limitations? Please circle any that apply: *Cane *Walker (silver foldable OR rolling w/seat)

*Oxygen *Vision

Explanation or additional information: _____

EMERGENCY CONTACT INFORMATION (required)

Name: _____ Relationship to you: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

CLIENT RELEASE:

In consideration for assisting me in obtaining transportation to and from my medical/dental appointments, I hereby waive and release Connections to Care and its officers, directors, board members, employees and volunteers ("Released Parties") from any and all liability with respect to said transportation and the arrangement for said transportation and agree to hold harmless each of the Released Parties from claims arising from this service.

Client's Printed Name: _____ Date: _____

Client's Signature _____

Witness's Printed Name: _____ Witness's Signature: _____

After you have completed and signed this form, please mail to:
Connections to Care, 1801 W Central Rd, Arlington Heights, IL, 60005
Phone: 847-222-9227 Fax: (847) 890-6243 www.connectionsotocare.org
Office hours: Monday – Friday, 8:30 am to 2:30 pm.

Ride requests must be made AT LEAST one week in advance of the appointment.***Please complete and return pages 1 – 4***



Please complete the following information and return. We need this information to satisfy the requirements for funding that we receive from various governmental bodies. Your information is reported in a group and not broken out individually. Definitions of race/ethnicity are listed below.

1. Ethnic Identification (check one): Are you Hispanic or Latino? Yes No
2. Race Identification (check one).
 - White
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - Asian
 - American Indian or Alaska Native
 - Two or More Races
 - I do not wish to disclose.

Definitions of race/ethnic categories:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races - All persons who identify with more than one of the above five races.

CLIENT GUIDELINES

Return with your Application

1. A **MINIMUM** of 7 days advance notice is required for all appointments. Unfortunately, we cannot make exceptions to this rule. Connections to Care can schedule rides up to 3 months in advance, so call the office as soon as possible with an appointment.
2. All communication must go through the Connections to Care office. **DO NOT directly contact a volunteer or ask a volunteer to take you on a future ride.** Appointment requests and/or changes to appointments must be made through our office.
3. **Be kind and respectful to your driver and staff.** They are willingly providing a service for you.
4. **Our service is for medical rides ONLY** (it may include a stop at the pharmacy for a prescription from that day's appointment). Do not ask a volunteer to stop at any non-medical location.
5. If you own a car, please do not ask the volunteer to use it. They must use their own car for insurance purposes.
6. Be ready at the scheduled pick up time.
7. Use the seatbelt at all times. It's the law.
8. Should you have any questions or concerns regarding service, please call the Connections to Care office at **847-222-9227** so we can discuss it.
9. Please make your donation as requested – we are a nonprofit organization and rely on donations to “keep us on the road”.
10. Agree to hold harmless Connections to Care organization, its Staff and Board and volunteers who provide assisted humanitarian services.

I (please print name), _____, do hereby agree to the above client guidelines as set forth by Connections to Care. I understand that violation of these guidelines may result in loss of access to the Connections to Care transportation program.

Client Signature

Date

ADDITIONAL Passenger Guidelines

In response to the COVID19 pandemic, we are implementing additional guidelines for rides in an effort to keep both you and our volunteer drivers safe.

1. We require all passengers to **be fully vaccinated against COVID19**. Please attach proof of vaccination to this application.
2. We **require** all passengers and volunteers to properly wear a face mask at all times during the ride. You understand that a volunteer will refuse to drive you if you are not wearing a mask. You also will refuse a ride if a volunteer is not wearing a mask.
3. To increase the social distance, we **strongly** recommend that you sit in the back seat on the passenger side.
4. When the office calls to confirm the volunteer for your ride **AND** when the volunteer calls the day before to arrange pickup details, you agree to honestly answer the following questions:
 - a. Have you tested positive for COVID19 in the past 14 days?
 - b. Have you been in contact with anyone with a confirmed case of COVID in the past 14 days?
 - c. Are you currently experiencing, or have you had in the past 14 days, any of the following symptoms: a fever, cough, sore throat, difficulty breathing, loss of taste/smell, or other flu-like symptoms?
5. You agree that that anytime you begin to experience any symptoms (noted above) or have experienced them in the past 14 days, and/or you have been in contact with a COVID19 positive person in the past 14 days that you will call the Connections to Care office immediately to **cancel** any scheduled ride.
6. Each doctor's office will have different rules regarding their waiting rooms. You understand that the volunteer may not be able to assist you into the office and/or wait in the waiting room during the visit. You will work with the volunteer on a plan for when/where to meet when your appointment is finished.
7. Even if the doctor's office allows visitors, the volunteer has the right to refuse to sit in the waiting room during your appointment. Please make arrangements with the volunteer (as noted above).
8. Contact the Connections to Care office if you have any questions or concerns about any ride and/or volunteer.
9. These guidelines will be effective on the date of your signature and remain in effect until further written notice from Connections to Care.

My signature below indicates my agreement to the above guidelines. It also indicates my understanding that by using Connections to Care, I voluntarily assume all risks related to exposure to COVID19. I understand that failure to follow these guidelines will result in loss of access to the Connections to Care program.

Name (PRINTED)

Date

Signature

Keep for your records

Purpose: Connections to Care provides reliable volunteer-based transportation to and from medical and dental appointments for seniors (60+) who are mobile and live in the communities we serve.

Service Area:

Lake Cook Road – North	Greenwood Ave (Park Ridge) – East (Lutheran General Hospital)
Biesterfield Road – South (Alexian Brothers Hospital)	Barrington Road – West (St Alexius Hospital)

Rides are provided for the following type of appointments: general checkups, dental, vision, dialysis, wound care, lab work, physical therapy, etc. **We do not do any appointments that require anesthesia or chemotherapy.**

1. Prior to scheduling the first appointment, an application must be on file in the office. Call the office at **847-222-9227** or visit www.connectionstocare.org (Need a Ride page) to download an application.
2. **To schedule a ride**, call the office with the following information:
 - Your name, address, and telephone number.
 - Date and time of your appointment.
 - Doctor’s name, phone, and type of appointment.
 - How long the appointment is expected to take.
 - A **MINIMUM OF AT LEAST 7 DAYS NOTICE IS REQUIRED** prior to the appointment. However, we can take rides up to 3 months in advance and encourage you to request a ride as soon as it is scheduled.
3. Your appointment will be confirmed by the office at least 48 hours before your appointment.
4. The volunteer driver will call you the day before the appointment with pick-up time (by 8pm).

Rides available Monday - Friday
8:30am – 5:00pm
(occasional Saturday rides accepted)
~ We do not guarantee a ride ~

Connections to Care
1801 W Central Rd, Arlington Heights, IL 60005
Office hours: 8:30AM – 2:30 PM (M-F)
Phone: 847-222-9227
Website: www.connectionstocare.org

Please note:

You will be assisted into your appointment by a carefully screened, insured volunteer driver who wants to serve older adults. **These volunteers drive their own cars to provide this service and are not paid for their time or expenses.** Drivers typically transport in both directions and wait for clients during their visits. For lengthy procedures, a driver may drop you off and come back later to bring you back home.

Please schedule only one appointment per ride. We are unable to accommodate multiple appointments in one day.

Users with Special Needs: The vehicles driven by our volunteers are their own and not equipped with special lifts, ramps or other devices. Since the drivers are not trained or insured to assist those with special needs, passengers must be able to get to, into, and out of a car unassisted. **We are unable to accommodate wheelchairs.**

Costs:

- A \$15 donation is requested for each round-trip ride.
- No additional charge for a caregiver or spouse who accompanies the client.
- Parking/toll fees incurred during the time of service are the passenger’s responsibility.
- Passengers are invoiced monthly for the previous month’s rides directly from the Connections to Care office.
- **Volunteer drivers do not accept payment or tips.**