

You must return pages 1-3 and keep page 4 for your records**PLEASE PRINT CLEARLY****CLIENT INFORMATION:**

Today's date: _____

Client Name: _____ Phone number: _____

Address: _____ Apt #: _____ City, Zip: _____

Community Living Facility Name: _____

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 appt? Yes_____ No_____ If so, who? _____

How did you hear about Connections to Care? _____

Do you have any limitations?*(Please circle any that apply)***Oxygen
Walker** (foldable)**Vision
Walker** (rolling w/seat)**Hearing
Cane****Explanation or additional information:** _____**EMERGENCY CONTACT INFORMATION (required) This should NOT be someone who will accompany you to appts.**

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:** _____**After you have completed and signed this form, please mail to:****Connections to Care**, 1801 W Central Rd, Arlington Heights, IL, 60005Phone: 847.222.9227 Fax: 847.890.6243 www.connectionstocare.org**Ride requests must be made AT LEAST one week in advance of the appointment.****Please complete and return pages 1 – 3**

CLIENT GRANT DEMOGRAPHICS
[Return with your Application](#)

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.

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

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.

What best describes your income level? (Circle One)

	<u>Household Size Annual Income</u>			
1 Person	\$0 - \$18,750	\$18,751 - \$31,200	\$31,201 - \$49,950	\$49,951+
2 People	\$0 - \$21,400	\$21,401 - \$35,650	\$35,651 - \$57,050	\$57,050+

Client's Signature

Date

Return with your Application

1. A **MINIMUM** of 7 days advance notice is required for all appointments. Connections to Care can schedule rides up to 3 months in advance, so call the office as soon as possible with an appointment.
2. We take ride cancellations seriously. If you have to cancel or change your ride, it effects our services in a negative manner.
3. 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.
4. **Be kind and respectful to your driver and staff.** They are willingly providing a service for you.
5. **Our service is for medical rides ONLY.** Do not ask a volunteer to stop at any non-medical location.
6. If you own a car, please do not ask the volunteer to use it. They must use their own car for insurance purposes.
7. Be ready at the scheduled pick-up time.
8. Use the seatbelt at all times. It's the law.
9. 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.
10. I understand that Connections to Care is a nonprofit organization and relies on donations to “keep us on the road”.
11. 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 any violation of these guidelines may result in loss of access to the Connections to Care transportation program.*** _

Client's Printed Name

Date

Signature: _____

Information Sheet – 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/twilight sedation 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.
 - You need to speak directly with staff to schedule (voicemail scheduling is not allowed)
 - 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 8 pm).

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

Connections to Care
1801 W Central Rd, Arlington Heights, IL 60005
Phone: 847.222.9227
Website: www.connectionstocare.org

Please note:

You will be taken to and from your appointment by a screened, insured volunteer driver.

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:

- In order to help cover the costs to be able to provide this service, Connections to Care requests donation of \$15.00 dollars for each round-trip ride. We are a nonprofit organization and rely on donations to “keep us on the road.”
- No additional charge for a caregiver or spouse who accompanies the client.
- 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.**