



Client Application SCNOVA

RETURN TO THE OFFICE.

*** Clients receiving transportation from SCNOVA volunteers MUST have a working mobile or landline phone that accepts voicemail messages for correspondence with drivers.**

Application Date: _____

Name: _____

Birth Date _____ Start-Up Date _____ Inactive Date _____

Street/Apt#: _____ City/St/Zip: _____

Phone: (H) _____ Phone: (Cell) _____ Text? (Circle): Yes No

Email: _____ Gender (circle): M /F /Unknown

Referred By: _____ Congregation affiliation: _____

Mobility: Cane__ Crutches __ Walker__ Primary Language: _____

Rider Impairment: (Hearing, Memory, Vision, Communication)

Covid Immunization Status: Yes__ No__ Boosters: Yes__ No ____ How many boosters? _____

Medical Conditions/Comments:

Services Needed (circle all that apply): Med Trans/ Companion Trans/ Friendly Caller/Friendly Visitor/Handy Helper

Are you a Veteran? Yes__ No__

Living Arrangements: Alone__ Spouse__ Family__ Friend__ Other__

Annual Income: *Reporting on Income Levels will not affect your ability to receive service.

1Person household: __ Less than \$31,650 __ Less than \$52,750 __ Less than \$66,750

__ More than \$66,750 __ Decline to Report

2Person household: __ Less than \$36,200 __ Less than \$60,300 __ Less than \$76,250

__ More than \$76,250 __ Decline to Report

Race/Ethnicity: Please answer both sections.

Select one: Hispanic or Latino__ Not Hispanic or Latino __

Select one: White/ Caucasian __ Black/African American__ American Indian or Alaskan Native __
Asian__ Native Hawaiian & Other Pacific Islander__ Multiracial__ Other/Not Reported: __

Other Data by Household:

Female-Headed Household (single female is head of household): (circle one): yes no

Familial Status (households w children under age 18): (circle one): yes no

Disabled (you or another in the household having a physical or mental impairment that substantially limits one or more major life activities; hearing, visibility, mobility, chronic alcoholism, chronic mental illness, AIDS, mental disabilities- circle one): yes no

Elderly in the household (persons aged 50 or older - circle one): yes no

One or more unemployed persons in the household (seeking work >18 years old - circle one): yes no

Participate in TANF (Temporary Assistance to Needy Families - circle one): yes no

Emergency Contact: Name: _____

Relationship to Client: _____ **Email:** _____

Street: _____ **City/St/ Zip:** _____ **Phone:** _____

***Information Provided by:** _____ **Date:** _____

***Information Recorded by:** _____ **Date:** _____

Shepherd's Center of Northern Virginia, 541 Marshall Road, SW, Vienna, VA 22180

(703) 281-0538, www.scnova.org



PLEASE KEEP GUIDELINES FOR YOUR RECORDS.

Thank you for contacting the **Shepherd's Center of Northern Virginia (SCNOVA)**! We are happy to be able to help you with our **FREE** Medical, Companion, or Food Delivery Driver Transportation Services. Since 1998, Shepherd's Center's mission has allowed seniors to "age in place" safely. Our vision is to create, **"A World Without Loneliness."** We also offer phone calls to see how you are doing through Friendly Callers, or visits through Friendly Visitors, and light home repairs with Handy Helpers.

Please read the information below which includes eligibility requirements and guidelines for all new clients.

Eligibility Requirements for Client Services

- 1) Adult must be 50+ years of age or older
- 2) Must live in Oakton-Vienna-Reston-Herndon-Great Falls (we do handle a small portion of Fairfax, and will notify potential clients whether they are out of the service area during the initial call to our office)
- 3) Must be ambulatory; use of a cane or walker is acceptable.

Guidelines- for Free Transportation Service

- Office hours are **Monday-Friday, 10am – 4pm**. You must speak to a SC Office Volunteer for your ride request to be processed by calling: **703.281.0538**.
- When making an initial contact allow at least **THREE business days** before your appointment. (Exceptions may be made in the event of an emergency at the discretion of the office staff).
- **Remember: No ride is ever guaranteed, and same day service is not available.**
- ***Provide the following information when making a service request:***
 - a) Full name, address, and phone number of the doctor, therapist, or trip destination
 - b) Time, date and duration of the appointment.
- For most medical/dental appointments, you may be charged if you do not cancel within 24 hours of the appointment. We will **try** to let you know the day before if no driver has picked up your request. However, if you have not heard from a driver or SC Office Volunteer the day before your requested date, you should make other arrangements for transportation.
- If you have a Monday appointment the SC Office Volunteer will call you on Friday if no volunteer has picked up the ride.
- It is up to the discretion of the driver whether any additional stops can be made.
- Clients are limited to a maximum of 3 rides drives per week, depending on driver availability.

Guidelines – cont.

- **All arrangements for your transportation are to be made through the Shepherd’s Center.** Call the office immediately if your appointment is changed or cancelled. 703.281.5038. **Clients are not to call volunteers at home** unless to convey a cancellation of a drive after office hours.
- Clients are responsible for paying any tolls or parking fees.
- Drivers will take clients to appointments in most areas in Northern Virginia.
- If an appointment or ride is cancelled, clients should contact the office to let us know.

Requirements for Medical Transportation

- Please bring a current listing of all medications, including dosage amounts.
- Have the contact information for your primary care physician.
- Have Emergency Contact Information on hand.

Services Provided

- Medical and Companion Transportation (groceries, hairdresser, banking, etc.)
- Handy Helpers
- Friendly Callers
- Friendly Visitors
- Veterans Initiative
- Special Educational and Social Events

Please call the office or check the website for details on each service.

Remember everyone who performs a service for the Shepherd’s Center is a Volunteer. Please be considerate of their time and treat them with the same courtesy that you expect and deserve.

Lastly, thank you for your cooperation with these guidelines. If you have any questions or concerns about them, please contact the office. We welcome you as a new client of the Shepherd’s Center of Northern Virginia and we look forward to serving you in the future!

Sincerely,

Operations/ Volunteer Manager
SCNOVA
office@scnova.org
703.281.0538
541 Marshall Drive, SW

Vienna, VA 22180



RETURN TO THE OFFICE.

By signing this signature page, you agree to follow the guidelines outlined.

Please sign the bottom portion of this letter and return it to our office to indicate you have read and understand these guidelines. Retain a copy of the letter for your records. We will begin services to you immediately upon receipt of this agreement.

I have read and agree to the guidelines in this letter.

Print Name: _____

Sign Name: _____

Date: _____

Send this signed form along with the Client application to online@scnova.org.
or mail to:
Shepherd's Center
541 Marshall Drive
Vienna, VA 22180