

**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. \***

 **\*Please note we work very hard to accommodate your request, however, no ride is ever**

 **guaranteed, and same day service is not available. \***

**Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Birth 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\_\_\_

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

**Are you a Veteran?** Yes\_\_ No\_\_

**Living Arrangement**s: Alone\_\_ Spouse\_\_ Family\_\_ Friend\_\_ Other\_\_

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

**1Person household**: \_\_Less than $32,500 \_\_ Less than $54,150 \_\_ Less than $68,500

 \_\_ More than $68,500 \_\_ Decline to Report

**2Person household**: \_\_Less than $37,150 \_\_ Less than $61,900 \_\_ Less than $78,250 \_\_More than $78,250 \_\_ 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**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_ Please check here if the signature is the Power of Attorney.**

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

(703) 281-0538, [www.scnova.org](http://www.scnova.org)

**Important:**

* **All clients must be able to walk from their home to the car and to their destination without assistance.**
* **Please call us directly in the office for all requests.  We do not accept requests by email.**
* **Our drivers are volunteers, and they choose rides that fit their schedules. Therefore, it is not guaranteed that all rides will be picked up for that day.**
* **We do give 2 days’ notice call if a volunteer has not picked up the ride.**
* **We always suggest that clients have a backup for PT or medical appointments.**
* **Drivers will call the client to confirm the ride.**