



Escorted Transportation Service Northwest (ETS/NW)

Client Information and Release Form

You must return pages 1-3 and keep page 4 for your records

CLIENT INFORMATION:

Today's date _____

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 ETS? _____

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

*Oxygen *Vision

Explanation or additional information: _____

EMERGENCY CONTACT INFORMATION:

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 Escorted Transportation Service Northwest (ETS/NW) officers, directors, board members, employees and volunteers from any and all liability with respect to said transportation and the arrangement for said transportation and agree to hold harmless each of them from claims arising from this service.

Client's Printed Name: _____ Date: _____

Client's Signature _____ **Witness:** _____

After you have completed and signed this form, please mail to:
ETS/NW, 1801 W Central Rd, Arlington Heights, IL, 60005
Phone: 847-222-9227 Fax: (847) 890-6243 www.etsnw.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 other side →



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.



ETS/NW CLIENT GUIDELINES

Return to ETS/NW with your Application

1. You must use the seatbelt at all times. It's the law.
2. **If your appointment changes or gets cancelled – or if your plans change in any way -- call the ETS/NW office immediately so we may contact your driver.**
3. Be ready at the scheduled pick up time.
4. **All communication with your assigned driver takes place through our office.**
5. **Do not ask the volunteer for their phone number. Do not try to contact him/her. Call the ETS/NW office if you have any questions or concerns – not the driver!**
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 kind and respectful to your driver and ETS staff. They are willingly providing a service for you.
8. Should you have any questions or concerns regarding service, please call the ETS/NW office at **1-847-222-9227** so we can discuss it.
9. Please make your donation as requested if you can afford it – we are a nonprofit organization.
10. Agree to hold harmless Escorted Transportation Service Northwest (ETS/NW) and its volunteers who provide escorted humanitarian services.
11. **Do not ask the volunteer to take you to other non-medical locations (other than the pharmacy), as they only provide rides to medical and dental appointments.**

I (please print), _____, do hereby agree to the above client guidelines as set forth by Escorted Transportation Service Northwest (ETS/NW).

Client Signature

Date

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Escorted Transportation Service Northwest (ETS/NW)

Keep for your records

Purpose: ETS/NW 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.etsnw.org (Passenger page) to download an application.
2. **To schedule a ride**, call the office with the following information:
 - o Your name, address, and telephone number.
 - o Date and time of your appointment.
 - o Doctor’s name, phone, and type of appointment.
 - o How long the appointment is expected to take.
 - o **A MINIMUM OF AT LEAST ONE WEEK’S NOTICE IS REQUIRED prior to the appointment.**
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).

Please note:

You will be escorted to 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; if you schedule more than one appointment on the same day, not only will we have a difficult time finding a volunteer willing to drive you, but we will ask for a double donation.

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 \$12 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.
- **Volunteer drivers do not accept payment or tips.**

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

ETS/NW Office
1801 W Central Rd, Arlington Heights, IL 60005
Office hours: 8:30AM – 2:30 PM (M-F)
Phone: 847-222-9227 * **Email:** info@etsnw.org
Website: www.etsnw.org