

Give a Lift Ride Request

Rider's Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Emergency Contact: _____

Emergency Contact Email: _____ Phone: _____

Date of Ride Request: _____

Pick up Time Requested: _____ Return Time Requested: _____

Street Address of destination Requested, if you are going to a medical facility or business please provide the name of the facility.

Destination Address: _____

City: _____ State: _____ Zip code: _____

- Have you used Give a Lift before?
 - yes
 - no
- What do you need transportation for? (Check all that apply)
 - Medical Appointment
 - Grocery Shopping
 - Prescription Pick Up
 - Social
- If you utilize a wheelchair, can you self-transfer and walk independently?
 - yes
 - no
- Do you require physical assistance?
 - yes
 - no

If yes, please describe _____

- Mobility Aides: (To help us better serve you, check all that apply)
 - Cane
 - Walker (light weight)
 - Walker (with seat)
 - Collapsible Wheelchair
 - Motorized Wheelchair
- Health: (To help us better serve you, check all that apply)
 - Vision Impaired
 - Hearing Impaired
 - Oxygen Tank
 - Difficulty standing for more than 10 minutes
 - Fall Risk

Is there something that you would like us to know that might make your transportation more comfortable and pleasant? _____

Please allow at least seven business days advance notice for any ride request.

A 24 hour notice is required to change or cancel any Ride Request.

If a ride request cannot be fulfilled by a Give a Lift Driver, you will be given at least 48 hour notice to make other transportation arrangements.

Volunteer Give a Life Drivers typically fulfill ride requests Monday - Friday 8:00am -5:00pm. Evenings and Holidays are subject to Driver availability.

Ride Requests may be submitted Monday- Thursday 8:00 am-5:00pm

Please contact Kim Wickland, Volunteer Coordinator

P: 480-500-9259 C: 480-500-9259

Email: kwickland@fh.az.gov.



