



Participant Application SCNOVA

RETURN TO THE OFFICE

*** Participants 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 honor your request, however, no ride is ever guaranteed, and same day service is not available. Approximately 90% of rides are filled. ***

Application Date: _____

Name: _____

Birth Date: _____

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

Phone: (Home) _____ Phone: (Cell) _____ Text?: Yes No

Email: _____ Gender: M F

Referred By: _____ Congregation Affiliation: _____

Mobility: Cane Crutches Walker None

Primary Language: _____

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

Services Needed (check all that apply):

Medical Transportation

Companion Transportation

Friendly Caller

Friendly Visitor

Handy Helper

Are you a Veteran?: Yes No If yes, what branch: _____

Are you a surviving spouse of a Veteran?: Yes No

Living Arrangements: Alone Spouse Family Friend Other

The following questions are used anonymously for reporting and potential grants. Answers will not determine your eligibility to receive a ride.

1 Person household (if you live alone):

Less than \$34,450 Less than \$57,400 Less than \$74,800 More than \$74,800 Decline to Report

2 Person household (if there is more than one person in the home):

Less than \$39,350 Less than \$65,600 Less than \$85,450 More than \$85,450 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:

Female-Headed Household (single female is head of household): Yes No

Disabled (a physical or mental condition that affects your mobility, strength, balance, or ability to perform daily activities. Examples may include arthritis, chronic pain, vision loss, hearing loss, difficulty walking, or using mobility aids such as canes, walkers, or wheelchairs): Yes No

Elderly in the household (persons aged 50 or older - circle one): Yes No

Participate in TANF (Temporary Assistance to Needy Families - circle one): Yes No

Emergency Contact Name: _____

Relationship to Participant: _____ **Email:** _____

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

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

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

Important:

- All participants must be able to walk from their home to the car and to their destination without assistance
- Call us directly in the office for all requests. We do not accept requests by email.
- A participant will be notified 2 days in advance if a volunteer has not accepted the ride. While there is still a chance the ride will be accepted, we notify participants in case they need to make alternate arrangements.
- Drivers will call the participant to confirm the ride when they pick up the ride and then again the night before or the morning of the appointment.
- Participants must have voicemail with space available to leave a message. Volunteers will call the phone number provided, so please use the phone number that is most accessible to you. Volunteers must speak to the participant or contact to confirm the ride.

Shepherd's Center of Northern Virginia

111 Church Street, NW

Suite 202B

Vienna, VA 22180

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



RETURN TO THE OFFICE.

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

Please sign this letter and return it to our office with your application to indicate you have read and understand these guidelines. Retain a copy of the letter for your records. Once we receive your application we will call you to confirm that you have been added to our system and are officially a participant of SCNOVA.

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

Print Name: _____

Signature: _____

Date: _____

Send this signed form along with the Client application to online@scnova.org.

Shepherd's Center
111 Church Street, NW
Suite 202B
Vienna, VA 22180



PLEASE KEEP THESE GUIDELINES FOR YOUR RECORDS

Thank you for contacting the Shepherd's Center of Northern Virginia (SCNOVA). We are happy to offer free transportation for your destination of choice: medical, dental, physical therapy, grocery store, bank, hairdresser, faith and/or community centers, and the like. Since 1998, SCNOVA has been on a mission to create meaningful opportunities for service, lifelong learning, social connection, individual well-being, and independent living for older adults. To support this mission, our team of friendly, trained volunteers is here to provide the following services: transportation to medical appointments and errands; Friendly Callers and Friendly Visitors, a peer-to-peer opportunity for social connection; minor home and yard repair (changing light bulbs, weeding); and even computer and tech assistance. *Our vision is to transform aging into an empowering experience to live a life of meaning!*

Eligibility Requirements for Transportation

- 1) Adults must be 50+ years of age or older
- 2) Must live in Oakton, Vienna, Dunn Loring, Merrifield, Reston, Herndon, Great Falls, and a small portion of Fairfax, north of Route 50.
- 3) Must be ambulatory; use of a cane or walker is acceptable.
- 4) Must be able to get in and out of a car independently, with no assistance. Must be cognitively independent to be dropped off and picked up at an agreed location.

When Scheduling a Transportation Request

- Office hours are Monday-Friday, 10:00 am – 4:00 pm. Ride requests should be coordinated directly with the staff or office volunteers by calling 703.281.0538.
- When making a request, please schedule as far in advance as possible. The earlier requests have a much higher acceptance rate than last-minute requests. We cannot schedule a ride that is within three business days of the appointment. (Exceptions may be made in the event of an emergency at the discretion of the office staff.)
- Please realize, this program is supported by volunteer drivers, and no ride is ever guaranteed, however, the transportation program offers a high (90%) acceptance rate, and the team is dedicated to seeing every ride request filled.
- For most medical/dental appointments, you may be charged if you do not cancel within 24 hours of the appointment. It is our policy to call participants two days in advance if the ride has not been accepted by a volunteer driver. However, it is up to the participant to arrange for other transportation options or reschedule the appointment. Please update the office with any changes.
- Transportation requests can include multiple destinations. These requests should be made through the office.
- The program allows for three rides per week, depending on driver availability.
- Participants are asked not to call volunteers at home unless to convey cancellation of a drive after office hours. If an appointment or ride is cancelled, participants should contact the office to let us know.
- Participants are responsible for paying any tolls or parking fees.

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!