**Community Health Worker Program Service Request Form**

**Program Overview:** The Community Health Worker (CHW) Program primarily provides transportation services to assist community members in accessing essential health-related appointments and services.

**Instructions:** Please complete this form in its entirety to request services. Submit the completed form to the CHW Program office at least three (3) business days before the requested service date. Incomplete forms may result in delays or denial of service.

**SECTION 1: REQUESTOR INFORMATION**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Request:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2: CLIENT INFORMATION**

**Client Name (if different from requestor):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Emergency Contact Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 3: TRANSPORTATION DETAILS**

**Purpose of Transportation:**

* + Medical Appointment
  + Pharmacy Pick-Up
  + Behavioral Health Services
  + Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appointment Date & Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pickup Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Drop-Off Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return Trip Required?** [ ] Yes [ ] No

* + If Yes, specify time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 4: ADDITIONAL INFORMATION**

**Does the client require assistance (e.g., wheelchair, walker, escort)?** [ ] Yes [ ] No

* + If Yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Instructions or Notes:**

**SECTION 5: AUTHORIZATION**

By signing below, I acknowledge that the information provided is accurate to the best of my knowledge. I understand that submitting this form does not guarantee service and that service is subject to availability.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

**Request Received By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Received:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Approved:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes:**

Please email, fax or provide information over the phone to:

FAX: (509)865-6185

Office: (509)865-5121 ext. 4466 or 4455

Email: CHRAdmin@yakama.com