



Regular Transport Request

Family Advocate and Transport Office

A Regular Transport Request is used when you can't or are unable to utilize the regular transport scheduled days. Whether you had a scheduling conflict, you missed the day you scheduled, or the transport van was already fully booked.

Regular Transport's main purpose is a chance for you to pick up mail, packages, prescriptions, groceries, schedule appointments, pay bills etc. If being transported, you can ask to stop for hot and ready food on the way home or throughout the trip, if all parties are agreed.

Contingencies:

- The person requesting transport is responsible for all purchases made.
- The Transporter is only able to provide transportation and gas.
- The request should be turned in at least one week prior to the date of transport, for enough time to check availability.
- Regular Transport Requests can only be requested for business days. Unless there are extenuating circumstances communicated to the Family Advocate.
- Requests can only be approved if the transport doesn't contradict with the Family Advocate's schedule for prior commitments. Example: If it falls on a date the Advocate is responsible for a community event.

Date Filled Out: _____

Name: _____

Phone: _____ **Email:** _____

Location for Pickup: _____ **Leave Time:** _____

Area to Travel to (Circle One): Overton Mesquite Las Vegas

Places Needed to Visit: (EX: Walmart, Post Office, etc.)

Date Needed for Transport: _____

Single Rider (Circle One): Yes No

If No, list all the other people attending:

Last Name, First Name	Age:	Relationship to Applicant

Requestor Name (Print): _____

Requestor Signature: _____ Date: _____

If accepted and approved by the Family Advocate, they will reach out and inform the Requestor. If denied by the Family Advocate, they will reach out and inform the Requestor and try to come up with another possible solution.

Below for use of Family Advocate Only.

Date Received: _____

Family Advocate Name (Print): _____

Family Advocate Signature: _____

Approved

Denied

Family Advocate Name (Print): _____

Family Advocate Signature: _____ Date: _____

Reason for Denial:
