

Client #: _____ Reason for Request: _____

Date & Time Request Made: _____ Advocate Receiving Request: _____

Transportation Request

Grayson Crisis Center will provide transportation to residential clients on a limited basis and under certain circumstances.

Examples are as follows: doctor's appointment, legal accompaniment, job interview. A transportation request is not guaranteed and cannot be provided if the shelter has limited staff, handling a crisis, or if the request is not deemed necessary. Advocates and shelter staff can also deny transportation if there is a safety concern.

**This form must be completed and submitted
to staff no less than 24 hours in advance of request.**

Client Name: _____ Number of children: _____

Date Needed: _____ Time of Departure: _____

Transportation to: _____

Return Transportation Needed: _____ YES _____ NO _____ Estimated Pick Up Time: _____

Release Needed: _____ YES _____ NO _____ Release Obtained: _____ YES _____ NO _____

Destination Confirmed: _____ YES _____ NO _____ Safety Planning Completed: _____ YES _____ NO _____

Supervisor Notified: _____ YES _____ NO _____ How Notified: _____ EMAIL _____ TEXT _____ PHONE _____

OFFICE USE ONLY

Supervisor Approval: _____ Date: _____

Operations Coordinator Notified: _____ YES _____ NO _____ Date: _____ How: _____ EMAIL _____ TEXT _____ PHONE _____

Who is Transporting: _____ Service Document By: _____ Date: _____