



**Safe Transition/Transportation
Program - \$159
Service Request Form**



524 Central Ave., Osseo, MN 55369
PH 763-273-4207 ♥ FX 763-273-4934
Email: TwinCitiesNorth@ComfortKeepers.com
http://maplegrove-424.comfortkeepers.com
Each office independently owned and operated

- Pick-up patient/client & drive to/from designated location by Companion or Health Aid
- Provide companionship and/or assistance before/during/after medical apt., procedure or in-patient service
- Assist with errands, meal preparation, housekeeping etc., as time permits
- Includes up to 10 miles of transportation and 3 hours of service
- Holiday rates, additional hours and additional mileage are available
- Must be able to transfer with minimal assistance using private vehicle
- Must be scheduled and prepaid a minimum 48 hours in advance

Fax or Email Following Information a *Minimum* of ONE WEEK PRIOR TO DATE OF SERVICE

Today's Date _____ Date Service is Needed _____ Time Service is Needed _____

Name _____ Phone # _____ Mobile _____

Billing Address _____ City _____, ST _____ Zip _____

Credit Card # _____ Exp. _____ CVV Code _____

Emergency Contact _____ Phone _____ Mobile _____

Clinic/TCU/Hospital Contact Name _____ Phone _____

Services Required (check one) _____ Transportation Only _____ Transport & Companion

Companion/Supervision needed: _____ Before _____ During _____ After Apt./Procedure

Transportation needed (check one): _____ One Way _____ Round Trip

Pick Up Address/Details _____

Drop Off Address/Details _____

Health/Ability Concerns/Limitations (ambulation, vision, comprehension etc.) _____

Are there any potential concerns or follow-up procedures needed? (possibility of nausea, vomiting, dizziness, vision impairment, medication changes or reminders, medical equipment etc.) _____

*****This form is to request service; a formal Care Agreement will be required prior to service.**

Printed Name

Date

Signature