



## Special Needs Chicago, Inc.

Thank you for choosing Special Needs Chicago, Inc. I appreciate the privilege of providing transportation and are happy to be doing business with you.

I have sent you a Reservation Form for miscellaneous rides and a Billing Authorization Form for invoicing your organization. To place your reservation, please return these forms via email or fax. Please complete one Reservation Form per date of transportation, per client. You can place your reservation as far in advance as you like, but please try to send the forms no later than 12:00 noon one business day in advance. When feasible, we will accept same day reservations.

Our drivers will meet your clients at the front door of their home or in the lobby of their building (when feasible). If a passenger is ambulatory (able to walk), our drivers can help navigate up to three outside stairs if needed. Please note that if the passenger requires more than one person to assist, a family member and/or caregiver will have the primary responsibility for getting them down the stairs, and the driver may assist but in a secondary role. Unfortunately, we cannot bring passengers in wheelchairs up or down stairs.

One business day prior to travel, we will call the designated phone number to confirm the reservation. Our goal with the confirmation call is to verify the reservation information, reconfirm with staff, make the passenger (and their family) comfortable with the arrangements, provide a time for them to be ready by and answer questions. If we do not reach anyone by phone we will leave a detailed message when possible. We aren't always able to make contact via phone, but passengers will remain on the schedule whether or not someone is reached. We will cancel only if instructed to do so by the passenger, their family, a caregiver or your organization.

I have managed transportation for individuals with special needs in Chicagoland for over 13 years. As a respected industry professional and mother of a child with special needs, I assure you that your patients and clients are in good hands. We will provide you with extraordinary customer service and safe, dependable transportation at a very reasonable rate. If you have any questions or concerns, please feel free to contact me. Thank you very much.

Sincerely,

*Michelle Dacy*

(630) 668-9999

[michelle@specialneedschicago.org](mailto:michelle@specialneedschicago.org)

**Special Needs Chicago, Inc.**

phone 630-668-9999 ▪ fax 630-839-6000 ▪ cell 708-710-2770 ▪ [www.specialneedschicago.org](http://www.specialneedschicago.org)



Special Needs Chicago, Inc  
 main # 630-668-9999  
 cell # 708-710-2770

**RESERVATION FORM**  
 EMAIL to [michelle@specialneedschicago.org](mailto:michelle@specialneedschicago.org)  
 or FAX to 630-839-6000

Organization to be Billed: \_\_\_\_\_

Transportation Day:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Transportation Date (month / day / year): \_\_\_\_\_

Passenger Name: \_\_\_\_\_  Male  Female

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Pickup Facility Name (if applicable) \_\_\_\_\_

Pickup Address & City: \_\_\_\_\_

Destination Facility Name (if applicable) \_\_\_\_\_

Destination Address & City: \_\_\_\_\_

Mobility Status:  Manual Wheelchair  Power Wheelchair  Scooter  Ambulatory  Ambulatory w/walker

Airport pickups, indicate Airline, Flight # and Arrival Time: \_\_\_\_\_

Requested Pick-Up Time (may not be exact): \_\_\_\_\_ Appointment Time: \_\_\_\_\_

Number of escorts travelling with passenger: \_\_\_\_\_  One-Way Transportation  Roundtrip Transportation

If Roundtrip, Indicate Return Status:  WILL-CALL & estimated return time \_\_\_\_\_

or  EXACT time \_\_\_\_\_ or  WAIT & estimated length of wait \_\_\_\_\_

*If unsure of the return time, choose "will-call" and provide an estimated time, which means you will call when the appointment is over and the driver will return for you at the earliest availability. If you have an exact time, note that a wait fee is applicable if you are not ready at that time. If you would like the driver to wait, the wait fee is \$48 per hour billed in 15 minute increments.*

Name & Phone of Person Submitting Reservation: \_\_\_\_\_

Notes: \_\_\_\_\_

**When feasible, please submit reservations by 12:00 pm one business day in advance.**



# BILLING AUTHORIZATION FORM POLICIES & PROCEDURES

EMAIL to [michelle@specialneedschicago.org](mailto:michelle@specialneedschicago.org) or FAX to 630-839-6000

## Special Needs Chicago, Inc.

PLEASE NOTE THAT YOUR RESERVATION IS NOT SOLIDIFIED UNTIL RESERVATION & AUTHORIZATION FORMS ARE RECEIVED BY SPECIAL NEEDS CHICAGO, INC. (EITHER VIA FAX, EMAIL or PHONE IN) AND RECEIPT IS CONFIRMED.

### Fees:

- \$45.00 each way + \$4.00 per mile. (Chicago/Chicago, Chicago/Suburb, Suburb/Chicago) \$20.00 Suburb/Suburb surcharge.
- Mileage is determined by the first response on Google Maps of the pickup and destination addresses.
- Escorts - escorts may ride with the passenger at the cost of \$6.00 each way, maximum 2 escorts. (more is a group ride)
- Wait fee - \$48.00 per hour billed in 15 minute increments.
- \$20.00 airport surcharge.

### Cancellation Policy:

Deadline for cancellations or schedule changes for A.M. appointments is 3:00 p.m. one business day in advance; for P.M. appointments it is 9:00 A.M. the morning of the ride. Cancellations and/or changes after the deadlines or if the passenger is not transported constitutes a "no-show". The no-show fee is the equivalent of the one-way fare. If the pickup is a no-show, if transportation was scheduled as roundtrip the return ride will automatically be canceled at no additional fee. If a return ride is scheduled as either an exact time or a "will-call", a no-show fee will be applied if there is a time change with less than two business hours' notice prior to the scheduled time or by 3:00 P.M. for "will-call" rides, or if the return trip is not taken. Passengers must be on board within 10 minutes of the drivers' arrival or a "no-show" fee will be applied. To cancel or change transportation, please call (630) 668-9999 or email [michelle@specialneedschicago.org](mailto:michelle@specialneedschicago.org).

### Miscellaneous:

Requested pickup times are not guaranteed, we may provide you with a different time to be ready by. Please note that variables such as passenger issues, schedules, traffic conditions and other situations may cause pick-up times to vary from the time passengers are to be ready by. Passengers should be prepared to leave but wait where they are comfortable. A representative will try to call when the driver is getting close to the passenger's pickup address. Our goal is to get people to and from their destinations safely and in a timely manner by their appointment time. We ask that wheelchair users provide their own lap belt, and we will then properly secure the wheelchair into our accessible vehicles. Special Needs Chicago (SNC) operates as an intermediary between clients and independent transportation providers, and neither owns nor operates any vehicles. SNC shall not be liable to the client for any claims of damage and/or injury to any claimant sustained while being transported. If the passenger plus their mobility device exceeds 350 lbs, it must be noted in the reservations. Drivers are independent contractors or subcontractors holding their own insurance, Special Needs Chicago is the administrative coordinator and is not liable for the services rendered. Drivers and Special Needs Chicago have to right to decline service. Electronic submission without signature indicates authorization.

*I have received a copy of the Special Needs Chicago, Inc. Billing Authorization Form / Policies & Procedures, letter of introduction and Reservation Form. My signature below signifies my acceptance of the above, my authorization to bill myself and/or the organization I represent, that I'm authorized to accept billing on behalf of the organization, and assurance of payment of all fees incurred within 30 days of the invoice date.*

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

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing email: \_\_\_\_\_

Organization: \_\_\_\_\_

Billing address, city, state, zip: \_\_\_\_\_