



**Special Needs Chicago, Inc.**  
*transportation services*

Thank you for choosing Special Needs Chicago, Inc. We appreciate the privilege of providing transportation for you, your family member or loved one and are happy to be doing business with you.

Following is our general reservation and billing authorization forms. Please complete one Reservation Form per date of transportation. You can place your reservation as far in advance as you like, but please try to submit them by 2:00pm one business day in advance. If it is after 2:00pm the day before or even the same day, we are likely to be able to fill your reservation but may ask you to be flexible with your requested times.

Our drivers will meet you at the front door of your home or in the lobby of the building (when feasible). If you are ambulatory (able to walk) or a wheelchair user, our drivers can help navigate up to three outside stairs if needed. Please note that a family member and/or caregiver will have the primary responsibility for getting the patient up or down the stairs, and the driver may assist but in a secondary role. We are not permitted to go inside anyone's home. Unfortunately, we cannot assist if there are more than three stairs, but we would be happy to refer you to companies that specialize in the rental or purchase of ramps or elevator equipment. Another option is to contact your local fire department for carry down service and we then provide the accessible transportation.

One business day prior to travel, we will provide a reminder call to verify the reservation information, 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 or a caregiver.

I have managed transportation for individuals with special needs in Chicagoland for over 15 years. As a respected industry professional, former primary caregiver for a family member, and a mom to two unique children, I assure your rides are in good hands. We will provide you with excellent customer service and safe, dependable transportation at a competitive 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



Special Needs Chicago, Inc  
main # 630-668-9999

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

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: \_\_\_\_\_ Appointment time: \_\_\_\_\_

Number of escorts traveling 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 first available driver will return for you. 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 and is billed in 15 minute increments.*

Weight of the passenger + mobility device:  less than 350 lbs  weight if over 350 lbs \_\_\_\_\_

Width of the wheelchair / scooter:  less than 30"  width if over 30" \_\_\_\_\_

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

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



# BILLING AUTHORIZATION FORM

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

Special Needs Chicago, Inc.

Passenger Name: \_\_\_\_\_

Choose one: \_\_\_ Credit Card or \_\_\_ Debit Card or \_\_\_ Prepaid Card

Visa, Mastercard or Discover: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ Security Code: \_\_\_ \_\_\_ \_\_\_ (on back of card)

American Express: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ Security Code: \_\_\_ \_\_\_ \_\_\_ (on front of card)

## Cardholder Information:

Name: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Relation to Passenger: \_\_\_\_\_

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

City, State and Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Electronic submission without signature indicates authorization. There are 5 ways you can provide the information to us:*

- 1) Complete this fillable PDF, save the file, and email as an attachment to [michelle@specialneedschicago.org](mailto:michelle@specialneedschicago.org).
- 2) Print, complete and fax to 630-839-6000.
- 3) Print, scan and email to [michelle@specialneedschicago.org](mailto:michelle@specialneedschicago.org).
- 4) Print, complete, take a picture of it on a smartphone, and email it to [michelle@specialneedschicago.org](mailto:michelle@specialneedschicago.org).
- 5) Call 630-668-9999 and we will take the information over the phone.

Special Needs Chicago, Inc.

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



# 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 from the first point-to-point address response on Google Maps.
- Additional passengers are \$6.00 each way, with a maximum of 3 additional passengers. (Over 4 total people is then a group ride, price to be determined on a case-by-case basis.)
- Wait fee is \$48.00 per hour billed in 15 minute increments.
- \$20.00 airport surcharge.
- \$25.00 wheelchair rental, must be reserved at the time of the reservation.
- Additional fee may be applicable for holidays and groups.
- Additional fee may be applicable for wheelchairs/scooters wider than 30" and weight in excess of 350 lbs of passenger + chair.
- Gratuity is not included.

### Cancellation Policy:

Deadline for cancellations or schedule changes for morning pickup times is 6:00 p.m. one day in advance; for afternoon pickup times it is 9:00 a.m. the morning of the ride. Holiday policies may vary. 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. If the ride has not yet arrived and it is 45 minutes prior to the appointment time, please call for a status update. 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 passenger/client for any claims of damage and/or injury to any claimant sustained while being transported. Drivers are independent contractors or subcontractors holding their own insurance, SNC is the administrative coordinator and is not liable for the services rendered. Drivers and SNC have to right to decline service. Electronic submission without signature indicates authorization. \$25 fee for falsely reported chargebacks.

*I have received a copy of the Special Needs Chicago, Inc. 2 page Billing Authorization Form / Policies & Procedures, letter of introduction and Reservation Form. My signature below signifies my acceptance of the above and my authorization to bill myself for the indicated passenger's transportation fees. Reservations placed over the phone indicate acceptable of all terms.*

PASSENGER name (PLEASE PRINT): \_\_\_\_\_

Cardholder name (PLEASE PRINT): \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_