



Special Needs Chicago, Inc.
transportation services

For corporate clients
(organizations to be billed for
transportation services)

Thank you for choosing Special Needs Chicago, Inc. for your transportation. I appreciate the privilege and am 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 clients at the front door of their home or in the lobby of the building (when feasible). If your client is 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 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 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
 cell # 708-710-2770

RESERVATION FORM
 EMAIL to 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: _____ 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 POLICIES & PROCEDURES

EMAIL to 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:

- \$49.00 each way + \$4.00 per mile for Chicago/Chicago rides; additional \$20.00 surcharge each way for suburban rides. 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.
- \$30.00 wheelchair rental, must be booked at the time of the reservation.
- Additional fee TBD for shuttle service, holidays, wheelchairs/scooters wider than 30" and/or weight in excess of 350 lbs of passenger + chair (oversize/overweight must be noted at time of reservation), and travel outside the Chicago metro area.
- 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 6:00 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.

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. Passengers should be prepared to leave but wait where they are comfortable. A representative will try to call when the driver is on the way. 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 the administrative intermediary between clients and vetted independent transportation providers, and neither owns nor operates any vehicles and is not liable for services rendered. 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, Drivers and SNC have the 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: _____

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phone 630-668-9999 ▪ fax 630-839-6000 ▪ cell 708-710-2770 ▪ www.specialneedschicago.org