



## Special Needs Chicago, Inc.

Thank you for choosing Special Needs Chicago, Inc. We appreciate the privilege of providing transportation for you to enjoy the holiday.

I've managed transportation for individuals with special needs in Chicagoland for over 15 years and I assure you that your rides are in good hands. We will provide you with extraordinary customer service and safe, dependable transportation at a 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

# HOLIDAY RESERVATION FORM

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

or FAX to 630-839-6000

- Easter     
  Mother's Day     
  Thanksgiving     
  Christmas Eve     
  Christmas Day

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

Requested pick-up time: \_\_\_\_\_ Requested return time: \_\_\_\_\_

Number of escorts traveling with passenger: \_\_\_\_\_  One-way transportation     Roundtrip transportation

*We will come as close as possible to your requested times and let you know availability upon receipt of your reservation.*

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, Phone and Relation of Person Submitting Reservation: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_



# HOLIDAY 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.

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# HOLIDAY 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.*

**Holiday Fees:**

- \$79.00 each way + \$4.00 per mile = one-way fare.
- 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).
- Fees are subject to change based on market conditions.

**Holiday Cancellation Policy:**

- You may cancel without penalty by 5:00pm up to three days prior to the transportation date.
- If you cancel by 5:00pm two days prior to the transportation date you will be charged the equivalent of what the one-way fare would have been.
- If you cancel after 5:00pm two days prior to the transportation date, you will be charged the equivalent of what the roundtrip fare would have been. (If only one-way transportation was booked, an additional \$25.00 fee will be charged on top of the equivalent of what the one-way fare would have been.)

To cancel or change transportation, please or email [michelle@specialneedschicago.org](mailto:michelle@specialneedschicago.org) or call (630) 668-9999.

**Timing:**

We will come as close as possible to your requested times and will let you know availability at the time you place your reservation request. 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. Your driver will try to call when they are on the way.

**Miscellaneous:**

We ask that wheelchair users provide their own lap belt, and we will then properly secure the wheelchair into the 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. 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. If the passenger plus their mobility device exceeds 350 lbs., or if the wheelchair/scooter is wider than 30", it must be noted in the reservations. Measure from the widest point to the widest point. If wider than 30", there may be a surcharge.

*I have received a copy of the Special Needs Chicago, Inc. 2 page Holiday Billing Authorization Form / Policies & Procedures 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. Electronic submission without signature indicates authorization.*

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

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

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