



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

Special Needs Chicago, Inc.

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



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

HOLIDAY RESERVATION FORM

EMAIL to 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

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.
- 2) Print, complete and fax to 630-839-6000.
- 3) Print, scan and email to michelle@specialneedschicago.org.
- 4) Print, complete, take a picture of it on a smartphone, and email it to 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 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:

- \$65.00 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 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: _____