



## Cancer Related Medical Appointment Buddy/Transportation Request Form

E-mail completed form to: [info@circleofcancercare.org](mailto:info@circleofcancercare.org)

- **No guarantee of services:** While we strive to meet your need, we rely on availability of volunteers and their time. Transportation services are contingent on availability of resources and volunteers.
- **Eligibility:** Application must be completed before services can be provided.
- Client must be **ambulant/able to walk on own**, no wheel chair transport available
- **Current Servicing Area:** Patient must have residence in one of the following zip codes:
  - Cibolo: 78108
  - Schertz/Cibolo/Selma: 78154
  - Universal City: 78148 & 78150
  - Live Oak: 78148, 78154, 78233
  - Converse: 78109
  - New Braunfels: 78130, 78132, 78133, 78135
  - Windcrest: 78239 & 78218
  - Garden Ridge: 78266
  - Seguin: 78155, 78156
  - Marion: 78124
- **Transportation/Appointment Buddy** is provided to **female cancer patients** residing in servicing area listed above.
- CoCC will make eligibility determination within **3 working days** of request
- **Personal Caregivers and Guests:** Personal caregiver rides free of charge and must board and de-board at the same location as you. Guests may travel with you, but must be **coordinated/agreed to by volunteer providing transportation prior to the pick up.**
- **Volunteers are NOT permitted to transport** consumers who not pre-scheduled for a **cancer related medical appointment.** Plan accordingly.
- **No children allowed.**
- **Pets are not allowed.**

**REQUESTING TRANSPORTATION/APPOINTMENT BUDDY:** You can begin requesting transportation **90 days out of schedule date of appointments.** All requests must be confirmed the day prior of cancer related medical

**Revised: 25 May 2015** – CoCC reserves the right to update/change eligibility requirements as community needs are evaluated and based on resources available.

**Privacy Statement:** Personal Identifiable and Health Care Information will be treated and protected as privileged and confidential health information, which is protected by state and federal statutes, rules and regulations and will not be shared outside of the organization and medical treatment facility. Any further disclosure of information is prohibited without the specific prior written consent of the person to whom the information pertains, or as otherwise permitted by law.

appointment. All transportation request must be requested and approved by CoCC Volunteer Coordinator or designated Transportation Coordinator. **Under no circumstances contact the Appointment Buddy directly.**

**CANCELING YOUR TRANSPORTATION REQUEST:** You must notify CoCC if your appointment has changed or you no longer need the transportation/appointment buddy.

**NO SHOW/FAILED TO CANCEL POLICY:** A no-show/no-cancel occurs when appointment buddy shows up at designated time and place to pick up cancer patient and patient is either not there or no longer needs the transportation/appointment buddy, but failed to notify CoCC of the change. A CoCC representative will call patient to determine circumstances surrounding no-show. After one (1) no-show within a 30 day period, CoCC reserves the right to suspend services temporarily or permanently.

**LATE CANCELLATION POLICY:** Since last minute cancellations can slow down services we could provide to other clients, CoCC has a late cancellation policy. Patients must provide 24 hour notice of cancellation for transportation/appointment buddy. Failure to give 24 hour cancellation notice will result in suspension of services for 3 months.



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

Pick up  
Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Type of Cancer Diagnosis: \_\_\_\_\_

What type of treatment will you be receiving at the appointment?

Chemotherapy                      Radiation                      Surgery

Other therapy? What type:.....

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Where do you need to go? Address of cancer related medical appointment?

Medical Facility Address:

Phone number:

Point of contact:

Date of Appointment:

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Time of Pick up:\_\_\_\_\_

How long is the appointment?\_\_\_\_\_

Approx time of return\_\_\_\_\_

Any request for someone else to travel with you? (note: must be approved/agreed to by volunteer) \_\_\_\_\_

Who/relationship/age?\_\_\_\_\_

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**WAIVER:**

In consideration of you accepting transportation assistance, I, the client intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against Circle of Cancer Care staff and/or volunteers and all of their agents assisting with appointment/transportation, for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the transportation to cancer related medical appointment. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

**By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.**

Signature of Cancer Patient\_\_\_\_\_

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

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Signature of caregiver/other \_\_\_\_\_

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

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