



Ministry Module

Ministry Modules are intended for use with the Leader's Guide. Appendices and Resources referenced in modules can be found within the Guide.

Transportation



This Mission Module is provided through a Partnership with Aging with Significance, of the Women's Missionary Union of Virginia and the Virginia Baptist Union Board; and Caregiving Ministries, a division of FamilyCare America, Inc.



Ministry Module Transportation

Purpose

The purpose of the Transportation Ministry Team is to relieve individuals of stress related to transportation issues by providing a transportation service to members who have no alternatives for getting primarily to the doctor, but also to the church and other locations.

Goals

- To provide reliable, timely, safe, and friendly company when transporting individuals
- To accompany and stay with individuals when appropriate
- To accept responsibility for instructions from the health care provider or others when appropriate

Objectives

- Identify contacts when there is no other means of transportation.
- Provide volunteer drivers with good driving records who are trained to:
 - Be sensitive to older individuals, some of whom are more dependent upon help than others
 - Be willing to take on some caregiver responsibilities during time with the individual
 - Have “good listening ears,” and recognize additional needs

Parameters and Limitations

This ministry is intended to provide transportation to individuals when no other alternative exists; therefore, resources in the person's family to in the community should be considered first. A church may decide to charge a fee for the service, allow individuals to donate as they wish, or plan to have no money exchange. Each church may have its own limitations which need to be clearly stated for everyone in the church to understand.

The following issues will help a church determine its limitations in a Transportation Ministry:

- What days and times will transportation be provided?
- How many days ahead must an individual schedule transportation?
- How many times a week can an individual request transportation?
- What is the length of time a driver will stay with an individual at a doctor's office?



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- How much assistance will be given? Wheelchairs? Walkers?
- To what location will transportation be given— dentist, doctor, church, grocery, hairdresser, pharmacy, entertainment, etc.?
- Will there be a fee, or donation, requested in all situations? If not, which situations?
- Will this ministry go beyond the church membership?
- Will transportation be offered several times a week to the same person for a medical need such as physical therapy?



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Suggested Process for this Ministry

- Survey the church for interested volunteers (See Leader's Guide, Appendix A).
- Educate the church family as to what can/ cannot be expected from this ministry.
- Prepare a list of volunteers to call as resources to meet specific needs, such as:
 - Volunteer coordinators to match drivers and individuals and maintain a calendar of scheduled transportation.
 - Drivers
- Provide training to volunteers.
- Gather information from drivers. One idea is to create "Driver's Cards" on index cards containing the following information:
 - Name, address, phone number
 - Church affiliation (if going outside church walls with this ministry)
 - Copy of driver's license and car insurance verification
 - Zone restrictions (areas of town the driver cannot go).
 - Physical restrictions (lifting, etc.)
 - Vehicle information: Is it easy to get in and out of? Is it reliable? Can it hold a wheelchair?
- Develop a volunteer coordinator form to complete with the following information:
 - Name, address, telephone
 - Church affiliation
 - Availability (days, times)
 - Location preferred for working (church or home office)
- Gather the following information for ministry recipients. (See Appendix D, Leader's Guide). Again, this can be organized as "Client Cards" on index cards:
 - Name, address, telephone
 - Emergency contact and telephone
 - Birthday (to obtain age)
 - Impairments (visual, hearing impairments, walks slowly, uses walker or wheelchair)
 - Needs (assistance with walking, getting in vehicle)
 - Church affiliation



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- Referred by
- Special requests
- Directions to home
- Comments
- Develop a “Request Form” to gather:
 - Name and address of doctor, dentist, etc.
 - Date and time of appointment
 - Approximate length of appointment
 - Initials of person taking the call
- Create a “Driver’s List” using information gathered from drivers in order to have information at a glance (areas of town covered and driver availability on a particular day).
- Have a “Monthly Sheet” on which all requests are written, along with the name of the driver.
- See “Guidelines for Transportation Coordinators” and “Guidelines for Drivers.”
- Schedule regular meetings for volunteers to increase knowledge of aging issues and disease processes through in-service training.
- Periodically evaluate the ministry.

Resources

Each area has its own resources for transportation, especially to medical appointments. Add to this list resources unique to your area:

- Area Agency on Aging
- American Red Cross
- Health Organizations (American Cancer Society, Veterans’ Hospitals)
- Service Organizations (Shepherd’s Center, Committee for Helping Others)
- For hire companies (medical transportation, taxi)



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Guidelines for Transportation Coordinators

Telephone:

- The greeting is- “ _____ Church / organization Transportation Center. This is _____.
May I help you?”

Client Card:

-If the caller is a new client:

- Get all information required on the Client Card, particularly, note emergency contact.
- Be sure to check the age requirement (if a restriction is applicable).
- Ask about impairments. (Does church/ organization transport wheelchair patients?) Get directions to client’s home, if possible.
- Send letter to Client, stating transportation policy, including the fact that the service is free, and driver’s are volunteers.

- If the caller is a current or previous client:

- Get the card from file box and verify the phone number and address.

Request Form:

- Name and address of doctor, dentist, beauty shop, etc.
- Date and time of appointment.
- Approximate length of appointment.
- Initials of the person taking the call.

Driver’s List:

- Refer to the Driver’s List for zip codes/ area of coverage
- Synchronize drivers’ and clients’ locations to minimize distances.
- Check to see if:
 1. Driver is driving on that day
 2. Driver is NOT available on that day.



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Driver's Card:

- Examine the Driver's Card for driving preferences (one trip per week, unless otherwise noted).
- Call driver.
- Give information about Client's request.
- Remind driver to call 24 hours before appointment to arrange pick-up time and get directions, if necessary. (Suggest that the Driver call the Client on the morning of the appointment, since some Clients are forgetful).

Confirmation:

- *Call Client to confirm that we have found a driver. (Do not give out the address or phone number of the Driver.)*
- *Tell the Client that the Driver will call 24 hours before the appointment.*
- *Repeat date and time to verify.*
- *Remind the client that he or she is responsible for parking or toll fees.*

Record Transaction:

- *Record on the back of the Volunteer card.*
- *Record on the back of the Client card.*
- *Record on the Monthly Sheet.*
- *Record in the notebook by date:*
 1. *Name/ address of the doctor, beauty shop, etc.*
 2. *Time of appointment.*
 3. *Date confirmed and initials of person doing confirmation.*
- *Re-file cards when confirmation and recording are completed.*

Miscellaneous:

- *Unfinished business: Leave memo for next person regarding call-backs, drivers called or other pertinent information.*
- *Only permanent information is written on Volunteer and Driver Cards. Write temporary notations on the Monthly Sheets.*



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- Use pencil to record “times available” on Driver Cards.
- Tell clients that 3-4 days notice is required to fill requests, but not more than 2 weeks. (Each organization will have to define their own parameters).
- Take no information until Client has an actual appointment.
- As a rule, we do not provide transportation to therapy. (Often, therapy is on-going and can be as much as 3 times per week, putting too much demand on volunteer drivers. Again, each organization/ church will have to make its own decisions regarding frequent therapy appointments).

Guidelines for Drivers

- Fill out Driver Assignment Record.
- Call Client 24 hours before appointment, verify name of driver, name of client, address, appointment, destination, and any assistance needed.
- If address is unfamiliar, verify location via map.
- Call client on the morning of the appointment. State vehicle type, color, and again the name of the driver.
- Note the odometer reading on driver assignment record.
- Meet Client at the door. Display the name tag. Do not go into the home/ apartment/ room. Assist, where necessary, to vehicle in which a service identification sign is in a prominent place.
- Go with Client to the doctor, etc. Identify yourself with the receptionist and leave information about the transportation service. Stay in the waiting room with the Client and wait for the Client through the appointment.
- Pick up medicine from the pharmacy, if asked, and return Client home.
- If Client shows an interest in paying, give a donation envelope.
- After returning home, record odometer reading on the driver assignment record.



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TRANSPORTATION ASSESSMENT

Basic Information

1. Name: _____ Phone: _____

2. Address:

3. Directions to home:

Support System /Need for Help

4. Family available to transport:

5. Friends available to transport:

6. Agencies available to transport:

7. Transportation needed for: _____ Church _____ Medical Appointments

_____ Other: _____

8. How often do you anticipate needing help with transportation? _____

9. Areas of Impairments:

___ Visual

___ Needs Assistance:

___ Hearing

___ Needs Assistance:

___ Ability to walk

___ Needs Assistance

___ Uses Walker

___ Uses Wheelchair



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CLIENT CARD:CLIENT CARD

Name:	Phone Number:	:
Address:		
Directions to home:	Emergency Number:	
Referral Source:	Date of First Service:	
Church Affiliation:	Date of Birth:	
Special Requests:	Impairments:	
	Visual Walking	
	Hearing	
Directions (if difficult):		
	Comments:	





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TRANSPORTATION REQUEST CARD

Date of call:	Time:	
Name:	Phone Number:	
Address:		
Needs ride to:		
Address:		
Day of week:	Date:	Time:
New client:		
Other information: Driver:		
To the volunteer, please record:	Volunteer card	Monthly sheet
	Client card	Confirmed



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VOLUNTEER DRIVER CARD

Name:	Phone Number:
Address:	
Availability:	Zone Restrictions:
(Anytime/a, m./p. m.)	
Monday	Automobile Restrictions: Difficult to get in and out
Tuesday	Unable to carry walker
Wednesday	Unable to carry wheelchair
Thursday	Special Projects Only
Friday	
Other:	
Do not call for these clients:	





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DRIVER ASSIGNMENT RECORD

Date:

Client:

Address:

Date of Service:

Destination:

Odometer Reading:

Start: _____

End: _____

Total Miles:



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Daily Transportation Form

Date of Service

Confirmed Date and Initial Driver	Volunteer Name	Services (include Dr. Name)	Confirmed Date and Initial Driver	Client (note if new)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____





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