Special Needs Chicago
transportation services

RESERVATION REQUEST FORM
For Corporate Clients

*Organization to be Billed: _____

*Transportation Day: ☐Mon ☐Tue ☐Wed ☐Thu ☐Fri ☐Sat ☐Sun *Transportation Date (mo/day/yr): _____

*Passenger Name: _____ *Room or Floor #: _____ * ☐ Male ☐ Female

*Primary Phone: _____ *Name & Relation to Passenger: _____

*Secondary Phone: _____ *Name & Relation to Passenger: _____

*Pickup Facility, Address & City: _____

*Destination Facility, Address & City: _____

*Mobility status: ☐ Manual Wheelchair ☐ Power Wheelchair ☐ Scooter ☐ Ambulatory (able to walk)

*Wheelchair / Scooter Width: ☐ less than 30" ☐ more than 30" (MUST indicate width) _____ *(Standard chairs are apprx 25" width)*

*Total weight of the passenger & mobility device is: ☐ less than 350 lbs ☐ more than 350 lbs (MUST indicate weight) _____

For medical appts, indicate: *Doctor / Practice name _____ *Suite # _____ *Phone # _____

For airport pickups, indicate airline, flight # and arrival time: _____

*Requested pick-up time, indicate AM or PM: _____
Actual pickup time scheduled may vary

*Appointment time, indicate AM or PM: _____
Appointment time = time you want to arrive at your destination

*Will this be: ☐ One-way transportation ☐ Roundtrip transportation

*If Roundtrip, Indicate Return Status:

☐ WILL-CALL, estimated return time is _____ *(You will call when appointment is over, we'll send first available driver. N/A on holidays.)*

☐ EXACT time _____ *(Wait fee or no-show fee is applicable if not ready.)*

☐ WAIT, and the estimated length of wait is _____ hours *(Wait fee is $48/hr and is billed in 15 minute increments.)*

*Number of escorts traveling with passenger: _____ Escort Name & Phone: _____

*Is passenger symptomatic of, quarantined for, or diagnosed with COVID-19? ☐ Yes ☐ No *(If yes, additional $150 each way.)*

Authorized representative submitting this reservation:

*Name: _____ *Title / Relation: _____

*Email: _____ *Phone: _____

Notes: _____

BY SUBMITTING THIS RESERVATION REQUEST FORM, CUSTOMER AFFIRMS RECEIPT OF AND AGREES TO BE BOUND BY THE SPECIAL NEEDS CHICAGO, INC TERMS AND CONDITIONS