



(517) 775-7457 for General Information
(517) 899-2425 to Schedule a Ride

PROJECT INTAKE FORM

Today's Date: _____

CHILD'S INFORMATION

Child's Name: _____ Date of Birth: _____

Was child born early? YES NO If YES, how many weeks: _____

Gender: Male Female Insurance Carrier: _____

Siblings: (number) _____ Ages: _____

Any special transportation needs (wheelchair, etc.): _____

PARENT/GUARDIAN INFORMATION

Parent Name(s): _____

Foster Parent Address: _____

Grandparent City: _____ State: _____ Zip: _____

Other: (Please specify below) Home Phone: _____

_____ Cell Phone: _____

_____ Email: _____

Interpreter needed Language: _____

REFERRED BY

Pediatrician (Name): _____ Newspaper

Department of Human Services Family Member The Davies Project Web Site

Other _____

(SEE REVERSE SIDE FOR REMAINDER OF APPLICATION)

Your child must have a specialty need to receive rides from **The Davies Project**, as well as difficulty with access to transportation. **The Davies Project** will then provide rides to as many appointments as possible surrounding all aspects of your child's health care.

Please provide us with a description of your child's needs below:

DOCTOR'S NAME	SPECIALTY	CITY

PLEASE NOTE: A Physician's Referral Form must accompany this Intake Form.

PARENTAL UNDERSTANDING

The Davies Project will assist with transportation needs in the best manner they see fit. By signing this agreement, you understand that every possible measure to provide help with transportation will be made for this child's appointments by **The Davies Project**. If transportation cannot be found, ample notice will be provided by **The Davies Project** to the family. There will be a six-week window in place for re-evaluation of transportation needs if **The Davies Project** experiences problems while driving this family.

Parent: _____
(Signature)

Dated: _____

Return To:

The Davies Project
330 Marshall Street, Suite 103
Lansing, MI 48912

-- or -- email to: tdpmaryjo@gmail.com

-- or -- take a photo of the completed form and text it to: (517) 899-2425