Interlink, Inc. 549 5<sup>th</sup> St, Suite E Clarkston, WA 99403 509-751-9143



### Thank you for applying to Interlink!

After we receive your completed New Client Application and Volunteer Transportation Release (enclosed) we will evaluate them for eligibility and, once entered in our system, we will be in touch to begin scheduling your requests. Please allow 7-10 days for return delivery and processing.

#### Our Mission

"Providing volunteers to assist elders and those with disabilities to enable them to live independently in their own homes."

#### Who We Are

Interlink was created in 1984 as part of a multi-faith coalition, prior to the existence of assisted living facilities. At that time Interlink volunteers provided everything from at-home care to yardwork for the elderly and those with disabilities. Since those formative years, Interlink has transformed and specialized into the following programs:

#### What We Do

- Transportation to and from medical, grocery, retail, community, and personal destinations.
- Delivery of groceries, COVID-19 PPE, and medications.
- Safety modifications to homes such as the installation of handrails and grab bars.
- Access ramp installation at the homes of qualifying community members.

All of our services are provided free of cost to the recipient. We encourage those who can donate to do so to help keep these services available to our community.

### **Our Limitations**

Interlink operates on the time and goodwill of local volunteers. Though we strive to assist all seniors and those with disabilities in the LC Valley and surrounding area, we cannot perform all activities or provide for every request. Common requests that cannot be fulfilled include wheel-chair transport, electrical and plumbing work, bathroom remodels, roofing, weatherization, AC repair, housekeeping, moving assistance, out-of-town transport, snow removal, and yard work.

#### **Eligibility Requirements**

Interlink provides transportation for adults over 60 and for adults younger than 60 who have disabilities that prevent them from driving or using public transportation. All transportation clients must be able to enter and exit a volunteer's personal vehicle without assistance.

#### **Eligibility Restrictions**

Interlink does not transport individuals under the age of 60 with disabilities that are not mobility affecting, examples include obesity, anxiety/PTSD, and addiction.

Interlink clients must have a permanent address. We cannot serve the homeless or those in non-permanent housing.

Revised 02/22/23 D.K.

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#### **How to Request a Ride**

### **KEEP FOR YOUR RECORDS**

To request a ride, please call Interlink at 509-751-9143 during our business hours, 8:00 am – 4:00 pm, Monday – Thursday to speak with a staff member. To request a ride outside our hours you may leave a detailed message or send an email to <a href="mailto:transportation@interlink-volunteers.org">transportation@interlink-volunteers.org</a>. When contacting Interlink for a ride, you will need to know the date of your appointment, the time of your appointment, how long your appointment will last, and where you need to go. (Example: Feb 23, 9:00 am for one hour, CHAS clinic)

Your request must be called in no later than 2 full business days. More notice is better as it allows us more time to coordinate with volunteer drivers. Once we have the information for the ride it is put on the transportation calendar which is available to our drivers. Because Interlink depends on volunteer drivers, who chose which rides to complete according to their own schedules, we cannot guarantee your ride will be completed. We will contact you by 3:30 pm at least one business day before your ride and tell you if you have a driver.

#### **How to Cancel a Ride**

If you must cancel your scheduled transportation request, please call us at 509-751-9143 between the hours of 9:00am and 4:00 pm Monday through Thursday. If necessary, please leave a detailed voicemail message.

When you schedule your transportation request with the Interlink office, you are holding a space on our calendar that is no longer available to our other members. To be respectful of your fellow community members and our volunteer drivers, please call the Interlink office as soon as you know you will not be able to make your appointment. If a cancellation is necessary, we require that you call at least one full business day in advance to avoid possible consequences and to allow another client access to that appointment time. Clients who frequently cancel rides without giving one full business days' notice may be suspended from receiving rides from Interlink for 3 or more months.

#### **Grievance Procedure**

Interlink is committed to providing reliable, safe, and satisfying transportation options for our elder community and those with disabilities. Users of Interlink services are the reason for our business and as such, their feedback is crucial to our growth and development. If you have an issue that the staff has not been able to resolve, please contact Interlink's Executive Director, Mark Havens, at 509-751-9143 or director@interlink-volunteers.org.

### **Frequently Asked Questions:**

- 1. Can I get a ride to Spokane or Walla Walla?
  - a. Due to in-town demand and the costs associated with long-distance trips, Interlink does not offer long-distance or out-of-town travel.
- 2. Does my COVID-19 vaccination status affect my eligibility?
  - a. Interlink does not discriminate based on COVID-19 vaccination status however, some volunteers may choose to decline your request because of it.
- 3. Will I be able to bring my pet/service animal with me while riding with Interlink?
  - a. Requesting to take a pet or service animal may limit which drivers volunteer to complete your request.

    Interlink does have several drivers who are pet friendly. If possible, pets should be confined to pet carriers.
- 4. Can I bring a friend or family member with me when I ride with Interlink?
  - a. It is Interlink policy that all riders be Interlink clients. If your friend or family member is ineligible to be an Interlink client, they will not be able to ride with you.
- 5. How long does it take to fulfill a ramp request?
  - a. The ramp building process depends on several factors including ramp design, volunteer availability, material availability, and weather. Typically, a ramp can be placed within 3 months.
- 6. How long does it take to fulfill a grab bar or rails?
  - a. Grab bars and rails are generally installed within 2-3 weeks, depending on the availability of the materials and volunteers.

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	For Office Use Only: Date	e Received:	Approve:	Yes	No	Initials	
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# **New Client Application**

### \*ALL FIELDS ARE REQUIRED\*

Name:	Date of Birth:	
Home Address:	Veteran: Yes No	
City, State, Zip:	Home Phone:	
Mailing Address (if different):	Cell Phone:	
City, State, Zip:	Email Address:	

# **Please Circle Where Appropriate**

Marital Status: M	larried	Widowed		Gender:	Male	Female	Other
Divorced Pa	artnered	Single	Other				
Living Situation: A	Alone	Alone, with	Assistance	With Spo	use		
V	With Friend	ds or Family	In a Grou	ıp Home or F	acility		
Are you over 60 year	ars of Age?	Yes 1	No	Are you dis	sabled? Ye	es No	
Race/Ethnicity:				Are you on	Medicaid:	Yes	No
If you are a member	r of a chur	ch, which ch	urch:	Are you on	Medicare:	Yes	No
				Are you on	Food Stam	os: Yes	No
Emergency Contact:	:			Relationshi	ip to Client:		
Address:				Phone:			
City, State, Zip:				Email:			

# **Client Ability**

Do you access the Internet and technology regularly?	Yes	No		
Do you receive Veteran's Benefits?	Yes	No		
Can you get in and out of a vehicle without assistance?	Yes	No		
Do you use a cane, walker, or wheelchair?	Cane	Walker	Wheelchair	None
Do you own a car?	Yes	No		
Does your health prevent you from driving safely and legally?	Yes	No		
Can you use the bus?	Yes	No		
Does the bus come near your home?	Yes	No		
Are you enrolled in the local Dial-A-Ride Program?	Yes	No		

# What Service(s) are You Applying for?

Transportation to Medical Appointments	Yes No
Grocery Delivery	Yes No
ADA Access Ramp	Yes No
In-Home Minor Safety Modifications (handrails, grab-bars)	Yes No

### How did you hear about Interlink?

# **Client Health**

Please *indicate* and *describe* the medical conditions that affect you.

Bladder/Bowel Incontinence

Signed:			Date.	
			Date:	1 1
Board of Direc	at I may be barred from	interlink's services for	a period of time d	ecided by the interlink
•	owledge. If it is discovere		•	•
, , ,	form, I affirm that the ir			
	Vaccinated against C	OVID-19 Not Vaco	cinated against CO\	/ID-19
	Please	e circle your Vaccinatio	n Status.	
	Interlink to enter your st			
Interlink does	not discriminate based o	n vaccination status, k	out refusal to provi	de this information will
		- COVID-19 Vaccin		
	\$20k-\$35k		:-\$75k \$75k+	
	Gross Annual Income:			
	to better understand the		•	
Interlink does	not have an income limit		sed to help Interlini	k staff, board members.
20 700 1170 1111	and an arrange	- Income -	1	
Do you live in a	another's home as an adu		Yes No	
r lease describe	e your nome. Suck-Frai Facility	Hotel/Motel	ranei Condo/Apa	ai tiiiCiit
	e your home: Stick-Frai			
	rent your home? rent the land under you	r home?		Other:
Do you our or		tional Household Info	1	Othor
Other: Please		tional Househald Info	rmation	
Vertigo/Balanc				
Seizures	as Disaudau			
	ndition/Smoker			
-	eurological Disorder			
	ological Disability			
Large/Obese P				
Hygiene/Self-C	Care Concerns			
Heart Conditio	n			
Diabetes/Rena	Il Condition			
Developmenta	•			
Dementia/Mei				
Deafness/Hard				
Bone/Orthope	•			
Blindness/Vision	on Impaired			

# **Volunteer Transportation Release**

Print Name:
L. Rider:
The undersigned assumes all reasonable risks involved in this service. I know that the driver is a volunteer and bears no responsibility for my health beyond safe point-to-point transportation. I know the driver Does Not Have first aid and CPR training. I also know the driver Does Not Have special training in passenger assistance techniques.
The undersigned understands and expressly assumes all the dangers of the service. The undersigned waives all claims arising out of the transport whether caused by negligence, breach of contract or otherwise, and whether for bodily injury, property damage or loss or otherwise, that I may ever have against Interlink, its successors and assigns, and its officers, directors, agents (e.g., volunteers), and employees, and their executors, administrators, and heirs.
Signed: Date: /
2. Rider Attestation:
There is no reason or condition that may cause the above-named person difficulty during transit. The rider can enter and exit a vehicle under their own power. The rider may be transported in a sitting position in a private auto. Related to Interlink's volunteer transportation service, I hereby waive all claims, that I may ever have against the Interlink, its successors and assigns, and its officers, directors, employees, and agents (e.g., volunteers), and their heirs, executors, and administrators.
Signed: Date: /

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