

Client Transportation/Trip Request

Client Name: CHRIS D Date of Request: 11/12/05

Appointment Date(s): 11/12/05 Time: 4:45 PM

Reoccurring: Yes No If "Yes", frequency or dates:

Trip Destination: HOLLYWOOD AIRPORT (FT Lauderdale)

Purpose of Trip: GOING HOME on (America West)

Contact Person: ME Contact Phone:

Departure Time: Departure Location:

2:30 PM

MENS OP HOUSE

Please List Any Items Required For Appointment: (i.e. money, legal documents, insurance card, etc. IF YOU REQUIRE A CHECK OR MONEY, THIS FORM MUST BE ACCOMPANIED BY A SPECIAL FUNDS REQUEST FORM HCC-028!!!)

THANK YOU TO ALL THE STAFF, THANK YOU FOR ALL YOUR LOVE AND CARING. I WILL NEVER FORGET YOU ALL THIS PROGRAM HAS SAVED MY LIFE. I CAME HERE WITH A ~~GOOD~~ DEAD SOUL. I'VE PRAYED ON MY HANDS AND KNEES FOR THE FIRST TIME IN OVER 20 YEARS, I'VE FOUND MY HIGHER POWER WHAT I FELT WAS LIKE NO HIGH I'VE EVER HAD NO DRUG IN THE WORLD CAN COMPARE TO IT. I'M READY TO USE THE TOOLS THAT WERE TAUGHT TO ME

Approved By: Assigned Driver:

Client Signature: OVER Date: