

LOGISTICS FORM

SCHEDULE START DATE:		FREQUENCY:	SERVICE	<u>S:</u>	LENGTH OF ASSIGNMENT:	
ASSIGNMENT DATES AND TIMES: DIRECT CARE PROVIDER(S):		CLIENT INFORMATION: CLIENT NAME: ADDRESS: ALTERNATE CLIENT ADDRESS: PHONE NUMBER: GUARDIAN(S): EMAIL:				
DIRECT CARE PROVIDER CONTACT INFORMATION PHONE NUMBER: EMAIL:				If you need to reach the provider and they are not answering or responding, please call (480)809-5552 or email scheduling@eesupportservices.com		
SPOKECHOICE INFORMATION	WHAT TO DO: PLEASE UPDATE THE SCHEDULING TEAM REGARDING ANY ADDRESS CHANGES FOR CLIENT PICK UP AND DROP OFF. THESE WILL NEED TO BE APPROVED BY ADMINISTRATION. PLEASE MAKE SURE YOUR LOCATION PERMISSIONS ARE ON WHILE USING THE APP. THIS IS ONLY TO ENABLE CLOCKING IN AND OUT. PLEASE MAKE SURE TIME CARDS ARE ELECTRONICALLY SIGNED BY END OF DAY ON THE 1ST AND THE 15TH OF EACH MONTH			WHO TO CONTACT: EE SCHEDULING TEAM scheduling@eesupportservices.com (480)809-5552 KATHLEEN DALBEC kathleen.dalbec@eesupportservices.com		
EMERGENCY CONTACT	WHAT TO DO: • IN THE EVENT YOU ARE NOT ABLE TO REACH THE CLIENT OR PROVIDER AND YOU EXPERIENCE					

TRAVEL DELAYS, EMERGENCIES, ISSUES WITH RESERVATIONS OR HAVE URGENT QUESTIONS

AFTER HOURS YOU CAN CALL (480)809-5552. PLEASE LEAVE A MESSAGE IF URGENT.

INFORMATION