



Welcome Letter



Welcome to Pathways to Care Network and the Wellness on Wheels. We are pleased you will be contributing to the care of our community. In order to keep you, your staff and PCN informed we have a checklist of steps that we would like you to follow before you use the WOW.

Please deliver the following information to us at least two **(2) weeks before** the date of your event. This will allow time for scheduling and processing.

Step 1 After the below **(* Required)** information from this form is received by either Email or Fax you will be called by **Aubra Johnson** at Siskiyou Dental Facility to confirm the date you have requested.

Please print this form and fax it to us at **(541) 479-6489**

* Proposed date of use: _____ *Event and Location _____

* Organization: _____

* Address: _____ * Fax Number: _____

* Email _____

* Responsible Individual and title: _____ * Phone / Cell Phone: _____

Step 2 After your date has been confirmed you will need to print and fill out the Lease Agreement then Include Your Payment.

Please Do Not Fax The Lease We cannot accept a faxed copy.

Payment and a Copy of the Lease must be filled out in advance then Mailed or Delivered to:

Siskiyou Dental Facility
1035 NE 6th Street #B
Grants Pass, OR 97526
Attention: Aubra Johnson

Please make checks payable to: Pathways To Care Network

The rent for the WOW is **\$75.00** a day or **\$250** for a five day work week.

This includes the round trip, setting up and tearing down of the WOW.

PCN will Provide an Approver Driver.

* For Trips Outside the Grants Pass area, such as Williams, Wolf Creek or Cave Junction, an additional one time fee of \$10 will be added.

Step 3 After the contract is signed, and payment is received by PCN, your organization will receive a confirmation.

Any Questions Please Call (541) 479-6393