

Please Print

TAP REGISTRATION FORM

Please Print

NAME (First/Last): _____

MALE

FEMALE

DATE OF BIRTH: _____

PHONE NUMBER: _____

CURRENT ADDRESS: _____
APT/UNIT/SPC# _____
CITY/ZIP _____

MAILING ADDRESS: _____
(If Different) _____

EMERGENCY CONTACT INFORMATION (Not Spouse or Partner):

NAME (First/Last): _____ RELATIONSHIP: _____

HOME PHONE: _____ WORK OR CELL PHONE: _____

Visually Impaired

Legally Blind

Hearing Impaired

ETHNICITY

- HISPANIC OR LATINO
- NON-HISPANIC OR LATINO

MONTHLY INCOME: _____

Number of People Supported by Income: _____

RACE

- WHITE, CAUCASIAN
- AMERICAN INDIAN / ALASKAN NATIVE
- ASIAN
- BLACK / AFRICAN AMERICAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- OTHER _____

How did you hear about the Taxi Assistance

Program? _____

If you do not speak English, what is your primary language? _____

My anticipated Primary Use of Coupons is:

- Leisure Activities Medical: Doctor Visit, Rx
- Essential Shopping Banking
- Senior Service Network: Senior Center, Assisted Living
- Religious Activities Work / Volunteer
- Health/ Fitness

Marital Status

- Married Divorced Single Widowed

For TAP Staff Only

Reviewed By _____

Date Reviewed: _____

Determined Status Eligible Not Eligible

Reason not Eligible:

- Not a Permanent Residence of Nevada
- Not Age 60 or Older
- Not a Person with Permanent Disability
- No Supporting Documentation
- Not within Defined Income Limit
- Other

TIER CATEGORY

- 1. 2. 3. 4. 5.

I declare and affirm under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.

Client Signature (Initial or Revised Registration)

Date

I understand that taxi coupons are non-transferrable; penalties may include program removal. _____