Dear Applicant:

Thank you for your interest in the Taxi Assistance Program (*Subsidized Transportation Program*). The Taxi Assistance Program (TAP) is intended to help meet the needs of older adults and persons having permanent disabilities with limited resources and transportation options. The program provides discounted taxicab coupon booklets to qualified applicants.

To qualify for the TAP program applicant must:

- Be a Nevada Resident
- Be at least 60 years of age OR
  - Have a Permanent Disability that can be verified with a letter from the applicant’s physician or the applicant’s Social Security award letter.
- Have a monthly income below 300% of the Federal Poverty Guidelines.

Qualifying applicants must provide the following for program registration:

- A copy of their Nevada Photo ID/Driver’s License.
- A completed Taxi Assistance Program Registration Form.
- Proof of Income:
  - A copy of your 2019 Federal Tax Return or IRS Tax Transcript **OR**
  - A copy of three (3) months of the most RECENT and COMPLETE Bank Statements as proof of total income (*showing ALL deposit transactions*) **AND**
    - A copy of Current Social Security Award Letter OR Department of Welfare SNAP Award letter.

If you have questions, please contact the Taxi Assistance Program at (702) 486-3581.

Sincerely,

Shaina Robinson, Program Coordinator

Taxi Assistance Program

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**Return by Mail to:**

Aging and Disability Services Division

Attn: Taxi Assistance Program.

3320 W. Sahara Ave., Suite 100

Las Vegas, NV 89102
NAME (First/Last): ________________________________

DATE OF BIRTH: __/__/____

PHONE NUMBER: (____)____________

CURRENT
ADDRESS: ____________________________________________________________

MAILING ADDRESS: ______________________________________________________

APT/UNIT/SPC#: __________________________

CITY/ZIP: ______________________________

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

RACE
☐ WHITE, CAUCASIAN
☐ AMERICAN INDIAN / ALASKAN NATIVE
☐ ASIAN
☐ BLACK / AFRICAN AMERICAN
☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
☐ OTHER ______________________________

MONTHLY INCOME: ______________

Number of People Supported by Income: ______________

How did you hear about the Taxi Assistance Program? ______________________________

For TAP Staff Only

Date Reviewed: _____________________________

MONTHLY INCOME: ______________

Household Size: ______________

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

TI ER CATEGORY

1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐

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

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.

I understand that:
- Taxi coupons are non-transferrable; penalties may include program removal.
- Taxi Coupons must be redeemed by the expiration date.

Client Signature ____________________________ Date ____________________________

Taxi Assistance Program Registration Form: Revised 04/2019