

Aging and Disability Services Division
Taxi Assistance Program

Authorization Form

Name of Client:

I authorize the Taxi Assistance Program to release my coupons to the people listed below. They are authorized to pick up purchased coupons, and purchase coupons for me.

Once coupons have been released to authorized persons, the agency is not liability for loss or damages of any kind for your compliance with this authorization.

AUTHORIZED PICK-UP PERSON:

Name	Relationship to Client	Phone Number

****Note – The Taxi Assistance Program staff will check the photo ID of pick-up person (s) when a coupon pick-up is requested.**

I understand that:

- ☐ The “Authorized Pick-Up Person” ***must be at least 18 years old*** and may need to show photo ID.
- ☐ This authorization is effective until it is changed or withdrawn in writing.
- ☐ The taxi coupons can only be used by myself, the client, and not by others.

Client Signature

Date

TAP Office Use Only:

Date TAP Office Received	
Client Tier Level	