

Aging and Disability Services Division

Taxi Assistance Program

Registration Form

Applicant Information		
<input type="checkbox"/> New Applicant <input type="checkbox"/> Reassessment Applicant Last Purchase Date:		
Applicant's Name (First, Last):		Date of Birth (MM/DD/YY):
Race/Ethnicity: <input type="checkbox"/> Black/African American <input type="checkbox"/> Middle Eastern/North African <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Filipino <input type="checkbox"/> I choose not to answer <input type="checkbox"/> Bi-racial/multi-racial <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Unknown		
Home Address: (Street, City, State, Zip Code)		
Mailing Address (if different than home address): (Street, City, State, Zip Code)		
Email Address:		
Phone Number:	Mobile Phone Number:	Alternate Phone Number:
Marital Status:		
Primary Language:		
This information is used to comply with the requirements set forth by NRS 239B.022- 239B.026 . Only the Department of Health and Human Services will have access to this information. Providing this information is optional.		
Sex Assigned at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Genderqueer/gender non-conforming <input type="checkbox"/> Not listed (Specify) <input type="checkbox"/> Prefer not to disclose	Sexual Orientation: <input type="checkbox"/> Heterosexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Not listed (Specify) <input type="checkbox"/> Prefer not to disclose

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Emergency Contact Information	
Name:	Relationship:
Home Phone:	Work or Cell Phone:
Income Information	
Gross Monthly Income: \$	Number of People Supported by Income:
Visual and/or Hearing Impairments	
<input type="checkbox"/> Visually Impaired <input type="checkbox"/> Legally Blind <input type="checkbox"/> Hearing Impaired	
Anticipated Primary Use of Coupons	
<input type="checkbox"/> Leisure Activities <input type="checkbox"/> Essential Shopping <input type="checkbox"/> Religious Activities <input type="checkbox"/> Health/Fitness	<input type="checkbox"/> Work/Volunteer <input type="checkbox"/> Banking <input type="checkbox"/> Medical: Doctor Visits, Prescription Pick Up <input type="checkbox"/> Senior Service Network: Senior Center, Assisted Living
How did you hear about the Taxi Assistance Program?	
Applicant Acknowledgement	
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: <ul style="list-style-type: none"> Taxi coupons are non-transferrable; penalties may include program removal. Taxi coupons must be redeemed by the expiration date. 	
Signature:	Date:
TAP STAFF USE ONLY	
Reviewed By:	Date Reviewed:
Gross Monthly Income: \$	Household Size:
Determined Status: <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible	
Reason Not Eligible: <input type="checkbox"/> Not a permanent resident of Nevada <input type="checkbox"/> Not age 60 or older <input type="checkbox"/> Not a person with a permanent disability <input type="checkbox"/> Does not meet income limit <input type="checkbox"/> Other	Tier Category: <input type="checkbox"/> One (1) <input type="checkbox"/> Two (2) <input type="checkbox"/> Three (3) <input type="checkbox"/> Four (4) <input type="checkbox"/> Five (5)