

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGING AND DISABILITY SERVICES DIVISION  
*Helping people. It's who we are and what we do.*



Dena Schmidt  
Administrator

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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 applicants 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 2020 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,

A handwritten signature in black ink, appearing to read "Shaina Robinson".

Shaina Robinson, Program Coordinator

Taxi Assistance Program

**Return by Mail to:**

Aging and Disability Services Division  
**Attn: Taxi Assistance Program.**  
3320 W. Sahara Ave., Suite 100  
Las Vegas, NV 89102

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**Regional Office**

3320 West Sahara Avenue, Suite 100 • Las Vegas, Nevada 89102  
702-486-3545 • Fax 702-486-3569 • adsd.nv.gov

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

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

### 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.

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 \_\_\_\_\_