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 2021 Federal Tax Return or IRS Tax Transcript OR
  - A copy of one (1) months Current and COMPLETE Bank Statement 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,

Carrie Greeley,
Social Service Manager II

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
Please Print
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 ____________________________

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

MONTHLY INCOME: ____________________________
Number of People Supported by Income: ____________________________

How did you hear about the Taxi Assistance Program? ____________________________

For TAP Staff Only
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.

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