

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

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 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,

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

Regional Office

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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 _____