

Joe Lombardo  
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) helps meet the transportation needs of older adults and people with disabilities, who have limited resources and few, if any, transportation options. The program provides discounted taxicab coupon booklets to qualified individuals. To qualify for the TAP program applicant must:

- Be a Nevada Resident
- Be at least 60 years of age **OR** demonstrate permanent disability, applicants must be verified with a letter from their doctor or Social Security award letter.
- Have a monthly income below 300% of the Federal Poverty Guidelines.

Qualifying applicants must provide the following required documents:

- A copy of their Nevada Photo ID/Driver's License.
  - A completed Taxi Assistance Program Registration Form.
  - Proof of Income:
    - A copy of three (3) months of most RECENT and COMPLETE Bank Statement (*showing ALL deposit transactions*) **AND** A copy of Current Social Security Award Letter OR Department of Welfare SNAP Award letter.
- OR**
- A copy of your 2021 Federal Tax Return or IRS Tax Transcript

If you have questions, please contact the Taxi Assistance Program at (702) 486-3581.

Sincerely,

Taxi Assistance Program Staff

**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**

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 \_\_\_\_\_

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## **Aging and Disability Services Division Sexual Orientation and Gender Identity and Expression (SOGI) Addendum**

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. Your responses will be kept private and secure. *(If the form is anonymous, please indicate that)*. The information will not be used for a discriminatory purpose. Providing this information is voluntary.

1. What sex were you assigned at birth, such as on your original birth certificate? (Mark One Answer)
  - a. Male
  - b. Female
  - c. Prefer not to disclose
  
2. How do you describe yourself? (Mark One Answer)
  - a. Male
  - b. Female
  - c. Transgender Man/Trans Male
  - d. Transgender Woman/Trans Female
  - e. Genderqueer/gender non-conforming
  - f. Different Identity; Please Specify: \_\_\_\_\_
  - g. Prefer not to disclose
  
3. Which of the following best represents your sexual orientation identity? (Mark one Answer)
  - a. Straight or Heterosexual
  - b. Gay
  - c. Lesbian
  - d. Bisexual
  - e. Not listed: Please specify \_\_\_\_\_
  - f. Prefer not to disclose