



Pinal-Gila Council for Senior Citizens
Senior Rider Assistance Program (RAP)

APPLICATION

Mileage Reimbursement and Coupons for Cabs for Casa Grande Residents

PLEASE PRINT CLEARLY

I am the person needing transportation and I request enrollment for the Senior RAP reimbursement program. (Note: contact senior RAP if you need a Husband/Wife application). I understand that the information I am providing will be treated confidentially and will be used to determine initial and continuing eligibility for RAP. This information will be permanently retained in my file.

1) Which program? **RAP** reimbursements _____ and/or **RAP** Coupons for Cabs _____

2) New application _____ Re-certification application _____

3) Full name _____

Applicant's land line home phone number _____

4) Residence address _____ Casa Grande, AZ 85222

House Mobile Home Apt. Other : describe _____

Live alone or live with: name: _____ relationship to me: _____

5) Must be 60 or over - Birth date _____ age _____ male _____ female _____

Frail/Disabled Yes ___ No ___

Annual Income: ___ Under \$10,000 ___ -\$10,000-20,000 ___ -\$20,000-30,000 ___ Over \$30,000

6) Ethnicity: ___ White ___ Hispanic ___ Black ___ Native Am ___ Asian/Pacific Islander

7) Please circle one - Married, Divorced, Widowed, Separated, or Single

8) **Emergency contact: Closest relative or local contact person not living with me:**

Name _____ Relationship _____

Address _____

City/State/Zip _____

Day time phone () _____ Extension/s _____

OVER

- 9) Applicant's primary doctor or clinic? _____ Phone: _____
- 10) How do you now shop for groceries, go to medical appointment, visit Dorothy Powell Senior Center or visit friends? _____
- 11) List your major disability/health issue: _____
Use walker, cane, wheelchair, or other? Please explain _____
- 12) Do you own a motor vehicle? Yes ___ No ___ Car is located at: _____
- 13) Do you drive now? Yes ___ No ___ Current/valid Arizona driver's license? Yes ___ No ___
If you cannot drive, why? _____
- 14) Your usual volunteer driver is:
Driver/s' Name _____ Phone # (____) _____
Address _____ City _____
Your relationship to the driver: _____ Are you comfortable completing
mileage logs for the reimbursement program? _____, if no, is your driver agreeable
to assist you with the logs? _____ comments _____

**Please examine your application for complete and accurate information
CALL THE RAP OFFICE IF YOU HAVE A QUESTION
(520) 836-2758**

The above information is true and accurate to the best of my knowledge. I authorize the representative of the Pinal-Gila Council for Senior Citizens' RAP staff to contact the persons whom I have listed in this application, or to make other inquiries as necessary, to verify the information that I have provided in order to determine my eligibility for RAP.

**DO NOT SEND ANY TYPE OF MONEY FOR COUPONS WITH THIS APPLICATION.
PLEASE WAIT FOR AN ORDER FORM TO BE INCLUDED IN AN APPROVAL PACKAGE**

Applicant/your signature _____ **Date** _____

Did someone assist you with this application? Yes ___ No ___ Relationship to you _____

Name _____ Phone # (____) _____

**Submit/mail this application to: Attention: Senior RAP Program,
Pinal-Gila Council for Senior Citizens
1895 N. Trezell Road, Ste. 2, Casa Grande, AZ 85222
(520) 836-2758 -- www.pgsc.org**