



Pinal-Gila Council for Senior Citizens
Senior Rider Assistance Program (RAP)
APPLICATION
Mileage Reimbursement for Mammoth 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) New application _____ Re-certification application _____
- 2) Full name _____
Applicant's land line home phone number _____
- 3) Residence address _____ Mammoth, AZ 85618
House Mobile Home Apt. Other : describe _____
Live alone or live with: name: _____ relationship to me: _____
- 4) 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
- 5) Ethnicity: ___White ___Hispanic ___Black ___Native Am ___ Asian/Pacific Islander
- 6) Please circle one - Married, Divorced, Widowed, Separated, or Single
- 7) **Emergency contact: Closest relative or local contact person not living with me:**
Name _____ Relationship _____
Address _____
City/State/Zip _____
Day time phone () _____ Extension/s _____

OVER

- 8) Applicant's primary doctor or clinic? _____ Phone: _____
- 9) How do you now shop for groceries, go to medical appointment, visit friends or attend church? _____
- 10) List your major disability/health issue: _____
Use walker, cane, wheelchair, or other? Please explain _____
- 11) Do you own a motor vehicle? Yes___ No___ Car is located at: _____
- 12) Do you drive now? Yes___ No___ Current/valid Arizona driver's license? Yes___ No___
If you cannot drive, why? _____
- 13) 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
1-800-293-9393**

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.

PLEASE WAIT FOR 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
8069 W. McCartney Road, Casa Grande, AZ 85294
1-800-293-9393 -- www.pgcsc.org**