



Pinal-Gila Council for Senior Citizens  
 Senior Rider Assistance Program (RAP)  
**Husband/Wife APPLICATION**

**Mileage Reimbursement and Coupons for Cabs for Casa Grande Residents**

**PLEASE PRINT CLEARLY**

We are people needing transportation and we request participation in the **RAP** program. We understand the information we provide will be treated confidentially and will only be used to determine our initial and continuing eligibility for the program. This information will be permanently retained in our file.

1) Which program? Reimbursements? \_\_\_\_\_ and/or “Coupons for Cabs”? \_\_\_\_\_

2) **Husband’s** full name: \_\_\_\_\_

a) Birthdate: \_\_\_\_\_, age \_\_\_\_\_

b) Do you drive? \_\_\_\_\_ If not, why? \_\_\_\_\_

c) List your major health issues/disability: \_\_\_\_\_

d) Ethnicity: \_\_ White \_\_ Hispanic \_\_ Black \_\_ Native Am \_\_ Asian/Pacific Islander

3) **Wife’s** full name: \_\_\_\_\_

a) Birthdate: \_\_\_\_\_, age \_\_\_\_\_

b) Do you drive? \_\_\_\_\_ If not, why? \_\_\_\_\_

c) List your major health issues/disability: \_\_\_\_\_

d) Ethnicity: \_\_ White \_\_ Hispanic \_\_ Black \_\_ Native Am \_\_ Asian/Pacific Islander

4) Home address \_\_\_\_\_ Casa Grande, AZ 85222

House  Mobile Home  Apt.  Other  : describe \_\_\_\_\_

5) Applicant's land line home phone number \_\_\_\_\_

6) Annual Income: \_\_ Under \$10,000 \_\_ \$10,000-20,000 \_\_ \$20,000-30,000 \_\_ Over \$30,000

**(OVER)**

7) **Emergency contact:** Closest relative or local contact person not living with us:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime phone ( ) \_\_\_\_\_ Extension/s \_\_\_\_\_

8) Primary Doctor or Clinic \_\_\_\_\_ Phone \_\_\_\_\_

9) How do you currently travel, for example, for groceries, medical appointments, or visit Dorothy Powell Senior Adult Center? \_\_\_\_\_  
\_\_\_\_\_

10) Own a motor vehicle? Yes \_\_\_ No \_\_\_ Comments: \_\_\_\_\_

11) Names of persons living in your home: \_\_\_\_\_  
How long have they been living with you? \_\_\_\_\_

12) This item only applies to the reimbursement program: Your volunteer driver is:

Driver/s' Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Your relationship to your driver: \_\_\_\_\_ Are you comfortable completing mileage logs for the reimbursement program? \_\_\_\_\_ ,and/or, is your driver agreeable to assist you with the logs? \_\_\_\_\_ Comments \_\_\_\_\_

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**Please examine your application for complete and accurate information**

**CALL THE RAP OFFICE IF YOU HAVE QUESTIONS**

**(520) 836-2758**

The above information is true and accurate to the best of our knowledge. We authorize representatives of the PGCSC–**RAP** staff to contact the persons whom we have listed in this application, or to make other inquiries as necessary, to verify the information that we have provided in order to determine our eligibility for **RAP**.

Applicant/husband' signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant/wife's signature \_\_\_\_\_ Date \_\_\_\_\_

(if applicable - assisted by \_\_\_\_\_ Phone# \_\_\_\_\_)

**Submit/mail this application to: Attention: RAP Program,  
PGCSC, 1895 N. Trezell Road, Ste. 2, Casa Grande, AZ 85222**