



Pinal-Gila Council for Senior Citizens
Senior Rider Assistance Program (RAP)
Husband/Wife APPLICATION
(2 Eligible Participant Household)
Mileage Reimbursement for Mammoth 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) New application _____ Re-certification application _____

- 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 _____ Mammoth, AZ 85618
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 appointment or pick up prescription? _____

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 _____

Please examine your application for complete and accurate information

CALL THE RAP OFFICE IF YOU HAVE QUESTIONS

1-800-293-9393

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, 8969 W. McCartney Road, Casa Grande, AZ 85294**