

Transportation Assistance Program (TAP)

Application Form



Well-being as we age

Return to:

TAP Transportation
5026 196th St SW
Lynnwood WA 98036

Applicant Information

Last Name _____ First Name _____ Middle
Initial _____

Residence Address

Street _____ Unit/Apt

City _____ State _____
Zip _____

Mailing Address (if different)

Street or PO Box _____ Unit/Apt

City _____ State _____
Zip _____

Contact Information

Home Phone _____ Cell
Phone _____

Email
Address _____

Emergency Contact

Name _____
Phone _____

Date of birth: _____ Gender (please circle) F M

Do you have a Washington State Provider One number? ___ Yes ___ No

If so, please list here: _____

Have you served in the Armed Forces? ___ Yes ___ No

Is English your primary language? ___ Yes ___ No ___ Do not wish to disclose

What category best describes your individual income (circle one)?

- a) Less than \$11,880
- b) \$11,881 - \$18,850
- c) \$18,851 – 31,400
- d) \$31,401 – 46,100
- e) Greater than \$46,101

Determining Eligibility

What is the health condition or disability that prevents you from driving yourself, or riding a fixed-route or para transit bus, some or all of the time? Please check all that apply:

- ___ Developmental
- ___ Physical (please specify) _____
- ___ Mental
- ___ Learning
- ___ Social or Emotional
- ___ Other (please describe) _____

The health condition or disability listed above is: ___ Temporary ___ Permanent ___ Unsure

What is the primary purpose of the trip(s)?

Please check all that apply: ___ Medical ___ Work ___ School/Training ___ Shopping or Recreation

Which of the following mobility aids do you use when you travel outside your home? Please check all that apply:

- ___ None
- ___ Walker (folding)
- ___ Walker (non-folding)
- ___ White Cane
- ___ Leg Brace
- ___ Manual Wheel Chair
- ___ Service Animal
- ___ Cane/Crutches
- ___ Power Wheelchair
- ___ Portable Oxygen
- ___ Scooter
- ___ Wheelchair Lift

Which mobility aid would you use primarily on TAP? _____

Consent for Release of Information

It is the applicant's responsibility to provide TAP with accurate contact information to ensure proper booking and performing your trip(s). Failure to provide the necessary contact information may affect timely performance of your transportation and may result in missed transportation. Your signature on this application is acknowledgement of this application/re-certification.

Certification

I certify under penalty of perjury (RCW 9A.72.030) that the information provided in this application is true and correct to the best of my knowledge.

Signature

Date

If someone other than the applicant completed this form, please provide the following:

Printed Name _____ Relationship to
Applicant _____