

The New York City Department for the Aging
 Bureau of Community Services
 Taxi Smart Card Intake Form

Please check one (for Mobility Coordinators only):

DFTA Referral

MOPD Referral

ENROLLMENT DATE

Full Name:

Last

First

M.I.

Home Address:

Street Address

Apartment/Unit #

City

State

Zip Code

Mailing Address (*if different from address given above--additional proof of residency (utility bill) required if this is the case)

Street Address

Apartment/Unit #

City

State

Zip Code

Home Phone:

Cell Phone Number:

Alternate Contact Name:

Alternate Phone Number:

Primary Language:

SSN:

Intake Location:

DOB:

1. How have you been traveling within the last 6 months? (Check all that apply)

- Public Transit Bus
 Subway
 Walking
 Other (specify):
 Automobile
 Access-A-Ride
 Commuter Railroad
 Ambulate
 Taxi/Car Service
 Have not been able to travel

2. Is your disability:

- Permanent
 Temporary
 I don't know

3. If temporary, please indicate how long you believe the temporary disability will continue.

- Less than 6 months
 6 months to 1 year
 Other (specify) _____

4. Indicate which support device(s) you use when traveling or walking outside your home. (Check all that apply)

- I do not require one
 Support Cane
 Walker
 Other (Specify):
 Crutches
 Prosthesis
 Braces
 Wheelchair
 Scooter
 Respirator/Oxygen Tank
 Service Animal (an animal that provides assistance)

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5. If you are unable to take some or all of your trips by public bus or subway, please tell us why. (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Distance to bus stop is too long | <input type="checkbox"/> Distance to subway is too long |
| <input type="checkbox"/> No paved sidewalks | <input type="checkbox"/> No curb cuts |
| <input type="checkbox"/> Hilly streets | <input type="checkbox"/> Subway station has no elevators |
| <input type="checkbox"/> Weather related (extreme weather) | <input type="checkbox"/> I cannot travel to an unfamiliar place |
| <input type="checkbox"/> Other (Specify): _____ | |

6a. Have you received travel training to use public transit buses or subways?

Travel training teaches individuals to use public transportation. Travel training skills include: planning a trip (use of maps, schedules, signs, and information services), identifying the correct bus stop/or subway station, coping with service disruptions, correct use of mobility aids, and requesting information/help from appropriate sources.

- Yes No

6b. If no, would you like to participate in travel training?

- Yes No

7. Do you currently travel with a Personal Care Attendant (PCAC) or friend/family member?

- Yes No Sometimes (Please describe the circumstances)

8. Do you have a Reduced Fare Metro Card?

- Yes No

9. Documentation of Disability. (Please select the type of documentation provided)

- Access-A-Ride card SSD/SSI Other

10. How often do you plan to use taxi/livery cab services per month (count each one-way trip as one ride)?

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Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when determining your eligibility for this project.

11. Racial or Ethnic Group

- | | | |
|---|---|---|
| <input type="checkbox"/> American
Indian/Alaskan | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other |

12. Gender

- | | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

13. How did you find out about the Taxi Smart Card program? Please check One

- | | |
|---|---|
| <input type="checkbox"/> DFTA Presentation at a Senior Center | <input type="checkbox"/> Flyers |
| <input type="checkbox"/> MOPD Presentation | <input type="checkbox"/> Friend/Word of mouth |
| <input type="checkbox"/> Ad on a Newspaper | <input type="checkbox"/> Referral from a Community Agency/Hospital/Clinic |
| <input type="checkbox"/> Community Board | <input type="checkbox"/> Other, please indicate _____ |
| <input type="checkbox"/> Elected official | |

**PLEASE PRINT OUT THIS FORM AND MAIL IT TO: NYC DEPARTMENT FOR THE AGING
Bureau of Community Services
TAXI SMART CARD
2 Lafayette Street, 9th Floor
New York, NY 10007**