Arts Access

Your privacy is a priority for Arts Services Inc. and Arts Access. The details you provide help us secure grant funding and will remain confidential.

OFFICE USE ONLY

Member ID: _____
Received: ____/____/____
Processed: ____/____/____
□ Walk-Up (Evnt: _____)
□ Mailed Initials: _____

PASSHOLDER INFORMATION

First Name: _____ **M.I.:** _____ **Last Name:** _____

Address: _____ **Apt/Suite/Lot** _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____ **Phone:** (_____) _____

Birthdate: _____/_____/_____ **Gender Identity:** ◯ Male ◯ Female ◯ Non-binary ◯ Prefer not to disclose

Race / Ethnicity:

◯ Arab or Middle Eastern
◯ Asian or Pacific Islander
◯ American Indian, Alaskan Native, Indigenous or First Nations
◯ Black / African American
◯ Caucasian / White
◯ Hispanic or Latino/a/x
◯ More than one race or ethnicity
◯ Prefer not to disclose

Do you identify as a person with a disability?

◯ Yes ◯ No ◯ Prefer not to disclose

Are you a veteran or an active duty service member?

◯ Yes ◯ No

How many people live in your household?

Total Number (including yourself): _____

Children (under 18): _____

What are your barriers to accessing arts and culture?

◯ Money ◯ Time ◯ Transportation ◯ Knowledge of events
◯ Other (please specify): _____

Which income-based public assistance programs do you currently receive? (Please provide proof)

◯ Medicaid
◯ Child Health Plus
◯ SSDI - Social Security Disability Insurance
◯ SNAP/Food Stamps/EBT
◯ TANF or Cash Assistance
◯ SSI - Supplemental Security Income
◯ HEAP
◯ Public or Temporary Assistance
◯ Section 8/Housing Choice Voucher/Rental Subsidy
◯ WIC
◯ Child Care Assistance Program (CCAP)
◯ Other:_____

How did you hear about this program? (Please select one)

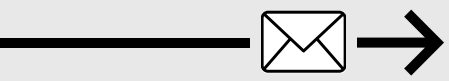
◯ Arts & Culture Organization
◯ Case and/or Care Manager
◯ Community Center
◯ Friends/Family
◯ In-Person Event
◯ Online
◯ Social Media
◯ Social Service Agency
◯ Other (please specify): _____

Would you like to receive the Arts Access bi-weekly email newsletter?

◯ Yes, send me information about events I can attend, announcements, and new partners!
◯ No, thank you

Are you a previous Arts Access Passholder? If yes, how often did you use your pass in the last year?

◯ No
◯ Yes, ◯ 0 times ◯ 1-5 times ◯ 5-10 times ◯ 10+ times



If sending by mail, please attach a copy of NYS income-based public assistance. Applications without this documentation cannot be processed.