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.

PASSHOLDER INFORMATION

First Name: _____   **Last Name:** _____

Address: _____

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

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

Birthdate: _____ / _____ / _____   **Gender Identity:** ○ Male ○ Female ○ Non-binary ○ Prefer not to say

Race / Ethnicity (select all that apply):

○ Arab or Middle Eastern
○ Asian or Pacific Islander
○ Black / African American
○ Caucasian / White

○ Hispanic or Latino/a/x
○ American Indian, Alaskan Native, Indigenous or First Nations
○ 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

Are you are previous Arts Access Passholder?
○ Yes
○ No

If yes, how often did you use your pass in the last year?
○ Never   ○ 5-10 times
○ 1-5 times   ○ 10+ times

Would you like to receive updates from Arts Access via email?
○ Yes   ○ No

How many people live in your household: _____
How many are children (18 yrs and under): _____

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

○ Friends/Family
○ Community Center
○ Online
○ Social Media
○ In-Person Event

○ Care and/or Care Manager
○ Social Service Agency
○ Arts & Culture Organization
○ Other (please specify): _____

What do you consider your biggest barrier to arts and culture events & venues? (Select all that apply)

○ Money
○ Time
○ Transportation

○ Knowledge of events
○ Other (please specify): _____

Which income-based public assistance programs do you currently receive? (e.g., SNAP, Medicaid, HEAP):
Please note: Medicare does not qualify, as eligibility is not income-based.

_____

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