



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: _____
Processed: ___/___/___
Exp. Date: ___/___/___
Mailed In-Person
Initials: _____

PASSHOLDER INFORMATION

First Name: _____ Last Name: _____

Address: _____ Apt/Suite/Lot _____

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 Hispanic or Latino/a/x
Asian or Pacific Islander American Indian, Alaskan Native, Indigenous or First Nations
Black / African American More than one race or ethnicity
Caucasian / White 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

How many people live in your household: _____

How many are children (18 yrs and under): _____

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

- Yes No

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

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

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

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

Which income-based public assistance programs do you currently receive?

- 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:

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