



## **City of Harrison Elderly Taxi Program**

A program for elderly Harrison residents  
Financed by the City of Harrison  
and the Area Agency on Aging of Northwest Arkansas

For more information call the City Clerk's office 741-3644

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### **What is the City of Harrison Elderly Taxi Program?**

The program provides elderly Harrison residents with an alternative transportation choice. Coupons are worth \$2.00 each and are issued monthly. The coupons are used to pay for a portion of the cost of a taxi trip.

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### **Who is Eligible to participate?**

Participants must be 60 years of age or older and live within the Harrison city limits. With a total household income under \$1,200 per month.

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### **How can I register?**

Please complete the application and mail to:

City of Harrison  
Elderly Taxi Program  
P. O. Box 1715  
Harrison, AR 72602-1715

When your application is approved you will be mailed an I.D. card, your first set of coupons, and a reorder form.

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### **How does the Program work?**

You use the taxi service the same way you use it now. At the end of the trip, the driver will state the total fare and you pay the fare using coupons and cash. You may not exchange coupons for cash nor can you use coupons to pay amounts above the stated fare.

For example, for a fare of \$3.50, you use one coupon plus \$1.50. Or a fare of \$7.25 you may use three coupons and \$1.25.

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### **How do I obtain the coupons after I have been approved?**

Coupon orders are filled at the first of the month. A reorder form will be enclosed each time coupons are mailed. In order to receive more coupons, fill out the reorder form and mail to the City of Harrison, Elderly Taxi Program by the 20<sup>th</sup> of each month.

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### **If I don't use all the coupons in one month can I use them later?**

No, coupons are only good for the month they are issued. However, you do not have to use all of the coupons before you order more.

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### **Can I sell or give my coupons to other I.D. cardholders or unapproved family members?**

No. Only approved participants may use the coupons.

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If you have any questions or concerns please contact:

The Harrison City Clerk's Office  
741-3644

# City of Harrison Elderly Taxi Program Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Male  Female

White  Black  Asian  Hispanic/Latino  American Indian

Total Monthly Income per Household \$ \_\_\_\_\_

(Includes salaries, retirement, Social Security, other regular payments)

How long have you lived in Harrison? \_\_\_\_\_

How did you find out about this program? \_\_\_\_\_

Do you have any other means of transportation? \_\_\_\_\_

**--Please Note--**

The address and age information is used for program qualification. All other information is for statistical purposes only and has no bearing on applicant's eligibility. All information will be kept confidential.

***Applicant Statement***

I certify that the above information is true and complete to the best of my knowledge. I understand that any fraud or misuse of this program will result in immediate disqualification.

\_\_\_\_\_  
Applicant Signature

**RETURN TO:**  
City of Harrison  
Elderly Taxi Program  
P.O. Box 1715  
Harrison, AR 72602-1715

\_\_\_\_\_  
**TO BE COMPLETED BY CITY OF HARRISON**

Registration Approved - Yes / No Identification Number: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Application Review by: \_\_\_\_\_ Date: \_\_\_\_\_