



THEATRECARES ARTS ACCESS PASS APPLICATION

Thank you for your interest in THEATRECARES ARTS ACCESS PASS 2019-20. Please fill out the application below. Remember, only applications that are submitted with a photocopy of your Benefits card will be processed. Approved applicants will be called to come to TheatreWorks Florida's theatre to pick up their pass **no later than September 1, 2019**.

* Indicates REQUIRED information.

NAME* _____

ADDRESS: STREET* _____

ADDRESS: CITY* _____ STATE* _____ ZIP CODE* _____

PHONE NUMBER* (_____) _____ - _____

EMAIL* _____

ELIGIBILITY*: ☐ EBT Cardholder ☐ Medicaid Recipient ☐ Military ☐ Physical Disability ☐ Other

IF ELIGIBILITY IS "OTHER", EXPLAIN: _____

ARE YOU A PREVIOUS ARTS ACCESS PASS HOLDER?* ☐ Yes ☐ No

WHERE DID YOU HEAR ABOUT THIS PROGRAM?* (select all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Community Board | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other Arts Organization |
| <input type="checkbox"/> Community Center | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> TheatreWorks Florida website |
| <input type="checkbox"/> Polk Arts Alliance | <input type="checkbox"/> Social Media | <input type="checkbox"/> Social Service Organization |

HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?* (select one)

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+

HOW MANY CHILDREN LIVE IN YOUR HOUSEHOLD?* (select one)

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+

WHO DO YOU PLAN TO USE THIS PASS FOR?* (select one)

- ☐ Yourself ☐ Yourself and Family Member(s) ☐ Yourself and Friend(s)

DO YOU CONSIDER YOURSELF?* (select one)

- ☐ VERY knowledgeable about arts and cultural events in the area
☐ SOMEWHAT knowledgeable about arts and cultural events in the area
☐ NOT VERY knowledgeable about arts and cultural events in the area

WHAT DO YOU CONSIDER YOUR BIGGEST BARRIERS TO ACCESSING ARTS AND CULTURE?* (select one)

- ☐ Money ☐ Time ☐ Knowledge about arts and cultural events
☐ Transportation

☐ Attach photocopy of your valid Benefit card

Comments: _____