



## 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: \_\_\_\_\_