Arts Access

AN ASI PROGRAM

Arts Services Inc. & Arts Access prioritize your privacy. The information you provide is crucial for our efforts to secure grant funding and will remain confidential.

First Name: _____ Last Name: _____

Street Address: _____

Apartment/Building Number: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Date of Birth_____

Gender Identity:

☐ Female ☐ Male ☐ Non-Binary or Gender non-conforming ☐ Prefer not to disclose

Race/Ethnicity:

- ☐ Arab or Middle Eastern
- ☐ Asian or Pacific Islander
- ☐ Black/African American
- ☐ Caucasian/White
- ☐ Hispanic or Latino
- ☐ 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 active duty service member?

- ☐ Yes
- ☐ No

Are you a previous Arts Access passholder? Yes☐ No☐

If yes, approximately how many times did you use your pass last year?

☐ 0 ☐ 1-5 ☐ 5-10 ☐ 10+

More on back →

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

☐ Friends/Family ☑ Community Center ☐ Online

☐ Social Media ☐ In-person event

What do you consider your biggest barrier to accessing art and culture? (check all that apply):

☐ Money ☐ Time ☐ Transportation ☐ Knowledge about Events

☐ Other (please specify): _____

What **income based** public assistance do you receive? DSS/SNAP/MEDICAID

***Please note:** Medicare is not a qualifying benefit because it is not an income-based program.

If sending by mail, please attach a copy of proof of NYS income based public assistance to this form. Applications without attachments will not be processed.

Would you like to receive our Bi-Weekly Arts Access email newsletter containing upcoming events, updates, and exciting ways to use your pass?

☐ **Yes, I would like to receive the bi-weekly email newsletter.**

☐ **No, I would not like to receive the bi-weekly email newsletter**

Which language would you like to receive the Information Packet in? / ¿En qué idioma desea recibir el paquete informativo?

☐ English/Inglés

☐ Spanish/Español