

London Taxicard Scheme



ACCESSIBLE TRANSPORT UNIT

London Borough of Richmond upon Thames Application Form

The London Taxicard scheme provides subsidised door-to-door transport for people who have serious mobility impairment and difficulty in using public transport.

If you have a disability lasting, or is likely to last for more than 12 months, you may qualify for a Taxicard.

The following questions are to provide us with a complete picture of your mobility, both at home and outside, and help us understand the effect your disability or medical condition has on your life. This should help us reach a decision quickly, in most cases, without the need to make appointments with a mobility assessor, and any delay that this can cause. Our aim is to speed up the assessment process.

Although there may appear to be a lot of questions the information we are requesting is quite straightforward, and gives you an opportunity to tell us exactly what your difficulties are.

If there are any questions you do not want to answer, you can choose not to complete them, but please remember we will be basing our decision on the information provided.

If you would like to provide any additional written information, or medical reports, please include with this application.

If we cannot make a decision on a 'paper assessment' we will invite you to come in for a mobility assessment.

Completed application forms should be returned to:

**The Accessible Transport Unit
4 Waldegrave Road
Teddington
TW11 8HT**

020 8831 6312/6191

How to complete this form

Part A Personal Details– must be completed by all applicants

Part B Eligibility Criteria– must be completed by all applicants

This section:

- Helps you to decide which criteria you are applying under
- Details any evidence you need to send with this form
- Explains which other parts of this form you need to complete

Part C Eligibility Assessment– must be completed by all applicants

This section:

- Is for you to provide information on how your illness or disability affects your mobility.
- Enables us to carry out an assessment of your eligibility for a Taxicard, it is important that you answer all relevant questions as fully as possible and include copies of any supporting documentation, as incomplete forms will be returned to you for completion and therefore delay your application.

Part D Declaration – must be completed by all applicants

Part E GP confirmation

This section:

- needs to be signed by your GP only if you are applying under Part B 'Eligibility,' criteria 4 **not** if you have answered Yes to Eligibility criteria 1, 2 or 3 in Part B

Part F Check List

Part G Ethnic Monitoring - to be completed by all applicants

COMMUNICATION INFORMATION

If you would like a copy of this application pack in Braille, large print, audio tape or a community language then please contact:

The Accessible Transport Unit, 4 Waldegrave Road

Teddington, TW11 8HT Tel: 020 8831 6312 / 020 8831 6191

Or alternatively, if you have difficulty understanding this publication, please visit Reception at one of the addresses below where we can arrange a telephone interpreting service.

Arabic إذا كانت لديك صعوبة في فهم هذا المنشور، فنرجو زيارة الإستقبال في العنوان المعطى أدناه حيث بإمكاننا أن نرتب لخدمة ترجمة شفوية هاتفية.

Panjabi ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਪਰਚੇ ਨੂੰ ਸਮਝਣ ਵਿਚ ਮੁਸ਼ਕਲ ਪੇਸ਼ ਆਉਂਦੀ ਹੈ ਤਾਂ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਪਤੇ ਉੱਪਰ ਰਿਸੈਪਸ਼ਨ 'ਤੇ ਆਓ ਜਿੱਥੇ ਅਸੀਂ ਟੈਲੀਫੋਨ ਤੇ ਗੱਲਬਾਤ ਕਰਨ ਲਈ ਇੰਟਰਪ੍ਰਿਟਰ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ।

Farsi اگر در فهمیدن این نشریه مشکل دارید، لطفاً به میز پذیرش در آدرس قید شده در زیر رجوع فرمایید تا سرویس ترجمه تلفنی برایتان فراهم آورده شود.

Civic Centre, The Atrium, 44 York Street, Twickenham

Richmond Information Centre, Old Town Hall, Whittaker Avenue, Richmond

Part A Personal Details

Title: Mr / Mrs / Ms / Miss / Master (Please delete as appropriate) Other:	
Surname:	First Name(s)
Main Home Address: (PO Box not acceptable)	
Post Code:	
Telephone number:	Date of Birth:

G.P. or Medical Professional contact details

Please give details below of either your GP or Medical professional who knows about your mobility difficulties and who may be contacted for more information if necessary.

Title:
Name:
Address:
Post Code:
Telephone number:

Part B Eligibility Criteria

For each question please tick the relevant box

- 1 Registered Severely Visually Impaired or Blind** YES NO
• If YES, please enclose a copy of your BD8 or CVI 2003 registration document, or ophthalmologist report.
The GP does not need to sign this form (Part E)
But you must complete Parts C & D
- 2 Disability Living Allowance - Higher Rate Mobility** YES NO
• If YES, you must enclose a copy of your letter of entitlement or entitlement notice dated within the last 6 months, this will show how long you are entitled to the allowance, if you need a copy or replacement you can obtain one from the Disability Benefits Agency (telephone 08457 123456)
The GP does not need to sign this form (Part E)
But you must complete Parts C & D
- 3 War Pension Mobility Supplement** YES NO
• If YES we need to see the official letter of award. If you cannot produce your letter of award, a replacement may be obtained from the Veterans Agency (telephone: 0800 169 2277)
The GP does not need to sign this form (Part E)
But you must complete Parts C&D
- 4 If you have a serious mobility impairment and have difficulty in using public transport, you may be eligible for this service.**
• Please complete parts C & D of this form. Your GP or Medical Professional will also need to sign Part E

Part C Eligibility Assessment

1 About your Health

What are the medical names for your health/disability difficulties?
(If you do not know the medical name please describe in your own words)

How long is your health or disability likely to affect your mobility:

Are you on any medication for your health condition? YES NO
If YES, please list

What difficulties do you experience with your mobility due to your health?
(Help us to understand what you cannot do due to the effects of your medical condition, e.g. I get out of breath quickly or putting any weight on my knee causes pain etc.)

How often do you experience these difficulties?
All the time every day Occasionally

Are you currently receiving any treatment for your health? YES NO
If YES, please tell us what kind of treatment, how often and where?

Are you expecting to have any treatment(s) to help you?
e.g. physiotherapy, surgery, radiotherapy, chemotherapy, home care etc. YES NO

If YES please explain

2 Daily Activities

Do you receive help from your family, friends, carers, social services or the health service with daily tasks, such as washing, dressing, shopping or housework.

Please tell us what they do and how often e.g takes me out shopping once a week.

Family & Friends

Private Carers

Social Services

Health Services

Have you made any changes to your daily or weekly routine because of your medical condition or mobility difficulties? YES NO

If Yes please describe

3 Adaptations

Has your home been altered in any way to help you? YES NO

If Yes please describe

Do you have any special equipment to help you?

YES NO

If Yes please describe

Have you moved, or are you planning to move due to your medical condition or mobility difficulties?

YES NO

If Yes, it would be helpful if you could tell us why.

4 About your use of Public Transport

Are you able to use public transport?

YES NO

If YES, please tick whichever type you currently use

BUS	<input type="checkbox"/>	How many times a week	<input type="text"/>
LOW FLOOR BUS	<input type="checkbox"/>	How many times a week	<input type="text"/>
MOBILITY BUS	<input type="checkbox"/>	How many times a week	<input type="text"/>
UNDERGROUND	<input type="checkbox"/>	How many times a week	<input type="text"/>
TRAIN	<input type="checkbox"/>	How many times a week	<input type="text"/>

When using public transport do any of the following statements apply to you, please tick any that do.

- | | | |
|---|------------------------------|-----------------------------|
| (a) do you have to be accompanied? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (b) do you need someone to help you on and off? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (c) do you need to use any aids e.g. stick, frame | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If you do not use public transport, can you tell us why, e.g. too far to bus stop; afraid of falling etc.

5 About your use of a car

Do you have the use of a car

YES NO

Are you the driver

YES NO

If YES, Is the car available:

at all times YES NO

during the day only YES NO

evenings only YES NO

weekends only YES NO

6 About your Mobility

The following questions are to help us understand how your mobility is affected.

MOBILITY

Are you a wheelchair or scooter user? YES NO

If YES, when do you use it?

Indoors Outdoors Both

How often?

Always Every day Sometimes

WALKING

This is to help us find out about your mobility when walking on flat ground without stopping, severe discomfort or help from another person.

Are you able to walk without equipment YES NO

If you have answered No, what type of equipment do you use?

How often do you use it?

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How far can you usually walk?

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As a guide to assist you with distance, a double decker bus is about 33 feet / 10 metres long.
A football pitch is about 115 yards / 108 metres long.

How long does this take you?

	minutes
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What stops you from walking further?

How often are you limited to this distance? i.e. once a week

STANDING

How long can you usually stand, either aided or alone, (whichever is most usual for you), without needing to sit down and rest?

We are not asking for your best effort, simply the average time that you notice you feel the need to sit or rest.

0-1 Minute

1-3 Minutes

3-5 Minutes

5-10 Minutes

10 - 20 Minutes

20 Minutes +

What prevents you from standing any longer?

Pain

Balance

Other, please specify:

Can you climb stairs without difficulty?

YES

NO

If not, please describe your difficulty -

How long have you had mobility difficulties?

Years

Months

Is there anything else you would like to tell us about your mobility difficulties?

Part D Declaration of consent

The personal information you supply on this form will be shared between your local council and the London Councils who issue Taxicards on the council's behalf. This information will be handled in line with the Data Protection Act 1998 and will be used for the purpose of assessing your eligibility to receive the Taxicard service and to manage, monitor and evaluate the service only. Information about you will not be used for any other purpose and third parties will be contacted only with your consent.

Please sign the following declaration:

I declare that the information given on this form is true in all respects. Should any changes occur in my mobility needs, I will inform my local council immediately. I understand that you may prosecute me if I have given any information on this form, which is wrong or untrue, or any supporting documentation, which is false or fraudulent.

I authorise my healthcare professional, social services officer and any contact person nominated on this form to disclose any necessary information for the purpose of assessing my eligibility for a Taxicard.

Applicant's Signature	Date
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If you are unable to sign the declaration yourself it may be signed on your behalf by your relative/spouse/person of authority/friend.

If your are under 16 years of age, your parent or legal guardian must sign this form.

Signature of authorised person	Print name
Relationship to applicant	Telephone

Part E G.P. Confirmation – (confirmation of Part C)

The GP only needs to sign this if:

- you are applying under Part B, Eligibility Criteria '4'

He does not need to sign if:

- you are registered blind
- you receive Higher Rate Disability Living Allowance (DLA) for mobility
- you receive War Pension Mobility Supplement

TO BE COMPLETED BY GP *(Please cross through whichever statement is not appropriate before signing and stamping this form).

I confirm that the contents relating to health and mobility in this application form are correct*

I cannot confirm that the contents relating to health and mobility in this application are correct*

If you would prefer to speak to a member of staff from the Accessible Transport Unit, confidentially, please ring 020 8831 6312/6191

Name: _____

Signature: _____

Date: _____ Tel: _____

Practice Stamp

Part F Application Check List

Before you return your application, have you included?

1 Yellow London Taxicard Scheme application.

- Please make sure you have completed **Part A, B and C.**
- You have signed the declaration **Part D.**
- Your GP has signed the form **Part E**
(this is only if you are applying under eligibility criteria 4 in Part B, **not** if you have answered Yes to eligibility criteria 1, 2 or 3 in Part B).
- **Part G** - have you completed the Ethnic Monitoring section?

**2 Two current passport size photographs
(or photographs cut to a suitable size)**

**3 One proof of residence in the London Borough of Richmond upon
Thames, all documents should be current, and where available
dated within the last 3 months.**

For example:

- Residence Utility Bill (gas, electricity, telephone, water)
- Council Tax Bill / statement
- Bank or Building Society statement

If you do not have any of the above, an 'official' letter addressed to you personally in the last 3 months.

**4 Proof of any of the allowances applicable to your application
(Part B 1,2 or 3)**

Either:

- Higher rate Mobility Component Disability Living Allowance (DLA)
- War Pension Mobility Supplement
- Registered Blind - copy of BD8 or CV1 2003 registration document,
or photocopy of registration document with the Local Authority.

Please return to:

**The Accessible Transport Unit / Taxicard Section,
4 Waldegrave Road,
Teddington
TW11 8HT
Tel: 020 8831 6312/6191**

Part G Ethnic Monitoring

Please tick one box in this section.

Please complete and return this form with your application.

This information will be kept confidential, and will only be used to improve Council Services.

Please indicate your ethnic background.

A White

British

Irish

Eastern European

Any other White background
please specify _____

B Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed background
please specify _____

C Asian or Asian British

Indian

Bangladeshi

Pakistani

Afgan

Any other Asian background
please specify _____

D Black or Black British

African

Caribbean

Any other Black background
please specify _____

E Other

Chinese

Vietnamese

Middle Eastern

Gypsy/Traveller/Romany

Any other ethnic background - please specify
please specify _____

FOR ACCESSIBLE TRANSPORT UNIT USE ONLY

Application approved by:	Date:
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Reason:

Application not approved by:	Date:
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Reason:

Application stages	Initial
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