

## **RICHMOND VOUCHER SCHEME**

### **Application Form for the Richmond upon Thames Voucher Scheme**

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, without the need to make appointments with a mobility assessor, and the 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 please refer to page 10. You can use this page to comment on anything you feel is relevant to your application.

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

If you have difficulty completing this form please contact this office

### **Personal Details**

Surname:	(Mr/Mrs/Ms/Miss)_____	Date of Birth:_____
First Name(s):	_____	
Address:	_____ _____	
Post Code:	_____	Telephone Number:_____

We may need to contact your GP/Care Manager/Day Centre Manager/ or Other Approved Professional for more information about this application. Do you give your permission for such contact to be made?  YES  NO

We will therefore need the name and address of the most appropriate person.

GP/CARE MANAGER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ TEL : \_\_\_\_\_

You will also need to take your form to your GP/Care Manager, before returning it to us, for them to sign and confirm the information you have provided, about your health and mobility difficulties. (page 11 of this form)

-----  
**Health**

What are the medical names for your health condition: \_\_\_\_\_

\_\_\_\_\_

What is the nature of your disability: \_\_\_\_\_

\_\_\_\_\_

How long is your health condition 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?  YES  NO  
e.g. physiotherapy, surgery, radiotherapy, chemotherapy, home care etc.

If YES please explain


How long do you think you will need the use of the voucher scheme to assist with travel requirements?

0-3 months       6-9 months   
 3-6 months       9-12 months   
 over 12 months

If you have ticked over 12 months, is there any reason why you feel the Voucher Scheme and not the London Taxicard Scheme\* is best for you?

---

---

---

---

**Please note:** Vouchers are issued to people with temporary mobility issues requiring help with transport on a short-term basis; anyone wishing long-term assistance with travel is usually more suited to the Taxicard Scheme.

\*If you require information regarding the Taxicard Scheme please call the following number:  
020 8831 6312.

-----

### **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


**Use of other transport services and concessions**

Do you have a Freedom Pass

YES     NO

if **YES** do you use it

YES     NO

if you do not use it, please explain why \_\_\_\_\_

\_\_\_\_\_

Do you have a Taxicard

YES     NO

if **YES** do you use it

YES     NO

if you do not use it, please explain why \_\_\_\_\_

\_\_\_\_\_

Do you have a Blue Badge

YES     NO

Do you use Dial a Ride

YES     NO

Has your home been altered in any way to help you?


Do you have any special equipment to help you?


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, as this information will help us understand how your life has been affected by your medical condition or mobility difficulties.


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

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?  YES  NO
- (b) do you need someone to help you on and off?  YES  NO
- (c) do you need to use any aids e.g. stick, frame  YES  NO

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


## Car Use

### As a driver

### As a passenger

Do you have the use of a car?

Yes  No

Yes  No

Is the car available:

At all times

Yes  No

Yes  No

During the day only

Yes  No

Yes  No

Evenings only

Yes  No

Yes  No

Weekends only

Yes  No

Yes  No

As a driver or a passenger, does your health condition or disability effect how often you can make use of a car?

Yes  No

If yes, on average how many times are you prevented from making use of a car due to your health condition or disability? i.e. once a week, twice a month.

---



---

## Mobility

Are you a wheelchair user?  YES  NO

If YES when do you use it?  Indoors  Outdoors  Both

How often?  Always  Every day  Sometimes

Are you a scooter user?  YES  NO

If YES when do you use it?  Indoors  Outdoors  Both

How often?  Always  Every day  Sometimes

Do you use a walking frame, walking stick(s) or trolley?  YES  NO

If 'yes' please state which \_\_\_\_\_

How far are you usually able to walk in metres or yards? \_\_\_\_\_

What stops you from walking further? \_\_\_\_\_

Are you able to walk unaided?  YES  NO

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 \_\_\_\_\_

**Additional Information**

**What type of journey do you need the Voucher Scheme for?**

**Hospital Appointments**  YES  NO

If **YES**  
do you have regular hospital appointments  YES  NO

how many appointments do you have in a year \_\_\_\_\_  
(please state approximate number)

or do you have a course of treatment booked  YES  NO

how many journeys will this involve \_\_\_\_\_  
(please state approximate number)

**G.P. Appointments**  YES  NO

if **YES**  
do you have regular GP appointments  YES  NO

how many in a year do you have \_\_\_\_\_  
(please state approximate number)

or how many occasional visits in a year do you make \_\_\_\_\_  
(please state approximate number)

**Other Types of Appointments**

Please specify what the appointments are for e.g. chiropodist, dentist etc.

\_\_\_\_\_ How many in a year do you have \_\_\_\_\_

\_\_\_\_\_ How many in a year do you have \_\_\_\_\_

\_\_\_\_\_ How many in a year do you have \_\_\_\_\_

\_\_\_\_\_ How many in a year do you have \_\_\_\_\_

\_\_\_\_\_ How many in a year do you have \_\_\_\_\_

**Other types of journeys:**

\_\_\_\_\_ How many in a year \_\_\_\_\_

\_\_\_\_\_ How many in a year \_\_\_\_\_



## Declaration

I declare that the information given is the to the best of my knowledge and belief accurate.

**SIGNATURE OF APPLICANT\*:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\* If you are unable to sign the declaration yourself it may be signed on your behalf.

**NAME:** \_\_\_\_\_ **RELATIONSHIP TO APPLICANT:** \_\_\_\_\_

## **TO BE COMPLETED BY YOUR GP or OTHER APPROVED PROFESSIONAL**

### CONFIRMATION OF INFORMATION

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 FORM ARE CORRECT \*\*

*\*\* please cross through whichever statement is not applicable, before signing and stamping the form.*

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TEL:** \_\_\_\_\_

**Practice Stamp**

**FOR OFFICE USE ONLY**

**PHOTOGRAPH SUPPLIED**

**EVIDENCE PRODUCED**

**Address**

**FORM VERIFIED**

**G.P./Care Manager**

**APPROVED**

**Reason approved:** \_\_\_\_\_

\_\_\_\_\_

**Length of membership:** \_\_\_\_\_ **Number of vouchers issued:** \_\_\_\_\_

**NOT APPROVED**

**Reason application not approved:** \_\_\_\_\_

\_\_\_\_\_

**REFERRED TO TAXICARD SCHEME**

**Date Application sent:** \_\_\_\_\_

**Approved/Not Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return your form to: The Voucher Scheme Officer  
Accessible Transport Unit  
London Borough of Richmond  
4 Waldegrave Road  
Teddington  
TW11 8HT