# Taxi Transport Subsidy Scheme

# Application Form





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# 1 Terms and Conditions

The Terms and Conditions of the Taxi Transport Subsidy Scheme comprise the terms detailed here together with any other text in this document or in the application form or printed on a travel docket which is relevant to or necessary to give effect to these specified provisions.

The terms **"Scheme"** and **"TTSS"** refer to the NSW Taxi Transport Subsidy Scheme.

**"Transport for NSW"** refers to the agency of the New South Wales government which administers the NSW Taxi Transport Subsidy Scheme.

**"You"** refers to a person who is an applicant for the Scheme or who is an approved Scheme participant, as the context requires.

**"Your delegate"** refers to a person whom you approve in writing to act on your behalf in relation to your application for, your participation in, or use of the Scheme.

**"Participant"** refers to a person who has applied for and been approved to receive the benefit of subsidised taxi travel under the provisions of the Scheme.

**"Secretary"** refers to the Secretary, Transport for NSW.

**"Us", "we"** or **"our"** refer to the Secretary or, as the context requires, to officers of Transport for NSW acting in accordance with administrative arrangements and/or delegations approved by the Secretary.

**"Taxi"** means a taxi as defined in the Passenger Transport Act 2014 and its successors. The Act excludes private hire vehicles (hire cars) from being classed as a taxi.

**"Travel dockets"** refers to the printed dockets issued to a Scheme participant for his or her use to pay the subsidy component of a taxi fare.

**"Breach"** refers to an act which contravenes the Terms and Conditions or a failure to act which constitutes non-compliance with the Terms and Conditions.

## 1.1 Participant responsibilities

The benefit available to you as a participant of the Scheme is subsidised taxi travel which is provided strictly in accordance with the Terms and Conditions of the Scheme as determined by the Secretary from time to time.

By applying for admittance to the Scheme and by using the travel dockets, you agree to observe the Terms and Conditions of the Scheme applicable at the time of docket use.

You acknowledge that you may be suspended or removed from participation in the Scheme and/or be prosecuted if you breach these Terms and Conditions.

You are responsible for remaining aware of the provisions of the Terms and Conditions, as they apply at the time of travel, as published on the Transport for NSW website or provided to you.

## 1.2 Use of the Scheme

1.2.1 A travel docket may only be used in a taxi within NSW. A travel docket can not be used in a Hire Car, Bus or any other type of vehicle that is not a taxi.

1.2.2 A travel docket may be used only by the participant whose name and account number appears on the docket.

1.2.3 You must not sell, exchange, lend or give away your travel dockets.

1.2.4 You are responsible for the safe keeping of your book of travel dockets and you must not leave your blank travel dockets with a taxi driver.

1.2.5 You must provide proof of your identity if requested by a taxi driver and the taxi driver may refuse to provide you with subsidised travel if you are unable to do so.

1.2.6 Both NSW travel dockets and interstate travel vouchers must be fully completed. Wherever possible, you must complete the relevant sections such as date, time, trip details, total fare, the proportion of the fare you pay, the amount of the subsidy (up to the maximum subsidy limit printed on the docket) and signature. On interstate travel vouchers, the State or Territory in which the voucher has been used must also be completed:

- If you are unable to complete a travel docket or interstate travel voucher, an accompanying person can complete it and sign on your behalf. The person's relationship to you should also be recorded.
- A taxi driver should only complete your travel docket or interstate travel voucher if you are unable to do so and you do not have a carer or other person accompanying you. The driver should indicate P.U.T.S. (Passenger Unable To Sign) in the passenger's signature box.

1.2.7 If you lose or have your travel dockets stolen, you must notify us in writing indicating the circumstances surrounding the theft or loss. You may notify us by post, fax or email and we will arrange for a new book of travel dockets to be sent to you.

1.2.8 Transport for NSW is not responsible for reimbursing to you any taxi fare expenses under any circumstances.

1.2.9 If you change your name or address, you must write to us and advise us of your new details. You must include details of both your old and new name/address; date of birth; TTSS account number; and a contact telephone number.

1.2.10 If you change your name, you must send to us a copy of the relevant documents regarding your name change, e.g. marriage certificate, copy of deed poll. We will then issue you with a new book of travel dockets in your new name. You must return to us any unused travel dockets issued under your previous name.

1.2.11 If your medical condition improves so that you may no longer meet the eligibility criteria you must advise us so your participation in the Scheme can be reviewed.

1.2.12 If your medical condition changes so that you now travel in a wheelchair in taxis you must advise us so that your account details can be updated and you can be provided a different docket book.

1.2.13 If you are provided with a new book of travel dockets for use when travelling in a wheelchair accessible taxi you must return any unused travel dockets from your old book(s) to us.

1.2.14 You must co-operate with and respond to a request from us for an eligibility review or an independent medical eligibility assessment.

1.2.15 You must co-operate with and respond to a request from us to provide information to verify that your use of the Scheme is authentic, such as when subsidy payments generated on your account appear to be abnormal or to exceed reasonable use.

1.2.16 You must co-operate with and respond to a request from us for an update of your personal details.

1.2.17 Your travel dockets must not be used:

- for trips for any purpose when you are not in the taxi; or
- by your family or friends or any other person.

1.2.18 You must not collude with a taxi driver or any other person to provide false trip details in order to increase the subsidy payable or to avoid or reduce payment of your proportion of the fare.

1.2.19 You must not use more than one travel docket for a single continuous journey to avoid paying or to reduce the fare.

1.2.20 You must not use your travel dockets to pay a taxi driver a tip or gratuity.

1.2.21 If your participation in the Scheme is cancelled for any reason, all unused travel dockets and vouchers must be returned to us.

## 1.3 Managing the Scheme

1.3.1 The Secretary retains the right to regularly review and revise the Terms and Conditions of the Scheme as required.

1.3.2 We may warn you or we may suspend or remove you from the Taxi Transport Subsidy Scheme in cases, where:

- there is evidence that you have abused the benefits available under the Scheme, or have allowed or facilitated the abuse of the benefits of the Scheme, or have defrauded or facilitated fraud of the Scheme;
- you fail to comply with a request to undertake an eligibility review or an independent medical eligibility assessment within a stated period of time (usually 6 weeks but dependent on such matters as availability of doctors, etc);
- you fail to respond or to respond meaningfully to a request to verify your use of travel dockets within a stated period of time (usually 21 days);
- you fail to comply with a request for updated personal details within a stated period of time (usually 4 weeks).
- you fail to comply with a request for information within a stated period of time (usually 4 weeks)
- we are unable to contact you because you have not informed us of your change of address or similar; or
- you have not used a travel docket for a period of three (3) years.

1.3.3 You may be suspended for a period of up to 12 months or removed permanently from the Scheme depending on the circumstances which gave rise to the suspension or removal.

1.3.4 We reserve the right to extend a suspension for a period of up to a further 12 months or remove you from the Scheme if you continue to fail to respond completely to a request from us.

1.3.5 If subsequent to being suspended you do not satisfy a request from us by providing all relevant information within the period of suspension you will be removed from the Scheme without further notice.

1.3.6 Notwithstanding that you may meet the medical criteria for admittance to the Scheme, we may decline your application or remove you from the Scheme on the basis that you have previously been suspended or removed from the Scheme, or have been suspended or removed from an equivalent Scheme of another State or Territory, for a breach of the Terms and/or Conditions of the relevant scheme.

1.3.7 You or your delegate may seek a review of a decision to suspend or remove you from the Scheme or to decline your application on grounds of a previous suspension or removal from this or an equivalent scheme by writing to the Secretary.

### 1.4 Verification of use

We may require you to verify your use of travel dockets when subsidy payments generated on your account appear to be abnormal or exceed reasonable use.

If you require assistance in responding to a request regarding your use of travel dockets you or your delegate may contact us through the contact details on this form. One of our Customer Service Officers will assist you or your authorised delegate to provide the requested information.

Any information you provide is governed by the Privacy & Personal Information Protection Act 1998 and NSW Health Records and Information Privacy Act 2002 and may be used only in connection with the purpose for which it is collected or as provided by law.

### 1.5 Eligibility reviews and independent medical assessments

We may require you to undergo an independent medical assessment or an eligibility review to determine whether your disability meets or continues to meet the Scheme's eligibility criteria.

Your application for, or continued participation in, the Scheme is subject to your cooperation with our request for you to undergo such an assessment or review.

You are responsible for any medical fees associated with an eligibility review which involves your doctor completing a new application form.

We are responsible for any medical fees associated with an independent medical assessment by a doctor nominated by us.

## 2 Privacy of Personal and Health Information

a) The information you and your doctor or treating specialist provide will be treated in accordance with the NSW Privacy and Personal Information Protection Act 1998 and the NSW Health Records and Information Privacy Act 2002.

b) Your personal details including your medical data given on this form are collected and held by and on behalf of Transport for NSW for the purposes of assessing your eligibility to the Taxi Transport Subsidy Scheme ("the Scheme") and also for planning and administration purposes. If you do not provide the medical data, your application will not be processed and thus your eligibility can not be assessed.

c) Your complete application including copies of medical reports will be electronically stored in a secure computer system with restricted access to comply with Government record keeping regulations and privacy legislation. The paper copy of your application will be disposed of securely in accordance with the Government record keeping regulations.

d) Your medical information will be retained in the computer system whilst you remain a participant of the Scheme after which it will be deleted in accordance with the Government record keeping regulations.

e) Medical information supplied will only be disclosed to our authorised medical adviser for the purpose of assessing your eligibility to the Scheme or as required by law.

f) Personal information supplied will only be disclosed as necessary for the planning and administration of the Scheme (including compliance investigations) or as required by law.

g) You may at any time request access to your computer stored personal and medical data and if necessary, have it amended. If an amendment impacts on your eligibility to the Scheme, generally your doctor will need to endorse the correction(s). A minimum of 5 working days notice must be provided and you will need to attend the then current offices of the Taxi Transport Subsidy Scheme administration.

h) If you are assessed as being eligible for the Scheme you will be issued with a book of travel dockets containing your name and account number. You must present one docket to the taxi driver when you are claiming the taxi transport subsidy.

i) Information about your use of the Scheme including details of all journeys, will be collected and held by Transport for NSW and/or the payment processing provider or their contractors. This information will be used in the administration of the Scheme.

j) The information will also be used to identify abnormal travel patterns which may result in you being requested to provide further information about your travel and circumstances.

Should you require any further information about our privacy policy you should contact:

The Privacy Officer
Information & Privacy Unit
Transport for NSW
PO Box K659
Haymarket NSW 1240
Tel: 02 8202 3768
Email: privacy@transport.nsw.gov.au

Please
**DO NOT SEND**
**Application forms**
**to the above address**

# 3 Eligibility Categories

To be eligible for the Scheme an applicant must:

a) be a permanent resident of Australia
b) normally reside in NSW
c) not be a member of a similar Scheme in another Australian State or Territory
d) be over school age (preschool aged children, regardless of disability, are ineligible for inclusion in the Scheme)
e) have a severe and permanent disability in one of the following categories:

**NOTE: Persons receiving treatment or undergoing rehabilitation which is expected to improve their condition are not considered to have a permanent disability and are not eligible for the Scheme.**

## 3.1 Ambulatory / Mobility

Unable to walk or stand. Mobile only in a wheelchair due to a physical disability; or

Mobile outside of home only with a wheelchair due to a physical disability; or

Severe and permanent ambulatory problem that cannot functionally be improved which limits walking to a distance of 20 metres or less without rest and also:

a) necessitates permanent use of a walking aid for all mobility; or
b) necessitates the constant assistance of another person for all mobility; or
c) unable to independently ascend or descend three or more consecutive steps of 350mm height.

## 3.2 Vision

a) Total loss of vision in both eyes or severe permanent impairment of 6/60 or less in each eye; or
b) Field of vision reduced to 10o or less all round; or
c) Total loss of lower half field of vision which cannot functionally be improved by corrective lenses or other treatment; or
d) Homonymous hemianopia with significant mobility limitations.

## 3.3 Epilepsy

Severe and uncontrollable epilepsy.

## 3.4 Intellectual

Severe permanent intellectual disabilities which render the person incapable of travelling on public transport without the constant assistance of another person.

Severe cognitive or memory impairment such that the applicant:

a) is unable to be aware of or communicate destination; or
b) is unable to manage the payment of fares; or
c) exhibits socially unacceptable behaviour.

## 3.5 Speech and/or Hearing, or Functional

Severe and permanent communication difficulties necessitating the constant assistance of another person to use public transport.

Total and permanent functional loss of both upper limbs which renders the person incapable of travelling on public transport without the constant assistance of another person.

**Transport for NSW reserves the right to decline your application if you have previously been suspended or removed from the NSW Scheme or a similar scheme in another State or Territory.**

## 4 Instructions before Completing the Application Form

BLOCK LETTERS must be used when completing this application form.

Failure to fully complete all details may delay the assessment of your eligibility.

Medical practitioners should complete ALL answers to questions contained in the relevant Section(s) in PART B and endorse the application in PART C.

## 5 How to Apply

PLEASE NOTE: Your eligibility in a similar scheme in another State or Territory does not make you automatically eligible in the NSW Scheme. Conversely, your eligibility in the NSW Scheme does not make you automatically eligible in a Scheme administered by another State or Territory.

a) Read or have explained to you, the Terms and Conditions of the Scheme detailed in the Information booklet for Applicants and Participants and reproduced at the start of this form.

   You should download the full Information booklet for Applicants and Participants from the web site. If accepted into the Scheme, you will, however, be sent a copy of the booklet with your first book of travel dockets.

b) If you agree to the Terms and Conditions of the Scheme, complete **PART A** of this Application Form;

c) Take the application form to your medical practitioner who will complete the remaining questions on the form **(PARTS B & C);**

d) Tear off the information pages (all pages up to and including this page) for your reference.

e) Submit the completed remainder Application Form pages to:

**TAXI TRANSPORT SUBSIDY SCHEME**
**PO BOX K659**
**HAYMARKET NSW 1240**

## 6 Further Information

For further information relating to the Taxi Transport Subsidy Scheme, write to the Scheme's administration office or:

**Web site:** **www.transport.nsw.gov.au/ttss**

**E-mail:** **ttss@transport.nsw.gov.au**

# PART A: (PAGES 8 & 9) TO BE COMPLETED BY THE APPLICANT

| Please use INK and print within the boxes in BLOCK LETTERS. | Office Use Only | Application Id: | Client Id: |
|---|---|---|---|

## Part A1: Applicant's details

You must provide: a title, first and last name, date of birth, gender, medicare number, residential address, one phone number and answers to the residency questions on page 9.

| Tick Title | Mr | | Mrs | | Miss | | Ms | | Other (please specify) | |
|---|---|---|---|---|---|---|---|---|---|---|

| Enter first / given first name | Enter middle / other name |
|---|---|
| | |

| Enter last / family name |
|---|
| |

| Enter date of birth (dd/mm/yyyy) | | Tick gender | Male | | Female | |
|---|---|---|---|---|---|---|

| Enter Medicare No. | | | | | | | | | | | | | | Sequence / reference number (next to your name on your medicare card) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| Enter residential address (Must not be a post office box). Enter the Property or Care facility or Retirement Home or Aged Care Home name plus Block number, if any, on the first line and Unit number, House number, Street name and type on the second line |
|---|
| |
| |

| Enter suburb | | state | | postcode | |
|---|---|---|---|---|---|

| Enter postal address or "As above" if the same as your residential address |
|---|
| |
| |

| Enter suburb | | state | | postcode | |
|---|---|---|---|---|---|

| Enter phone numbers | | | | | |
|---|---|---|---|---|---|
| Home | | Mobile | | Work | |

| Enter email address | |
|---|---|

## Part A2: Alternate contact details (must be a parent or guardian if applicant is a minor)

| Name | |
|---|---|

| Relationship to Applicant Please tick (✓) | | | | | | | |
|---|---|---|---|---|---|---|---|
| Spouse / Partner | | Parent / Guardian | | Carer | | Son / Daughter | |
| Friend / Neighbour | | Brother / Sister | | Other Family Member | | Other | |

| Enter phone numbers | | | | | |
|---|---|---|---|---|---|
| Home | | Mobile | | Work | |

## Part A3: Residency and usage

| *The NSW Taxi Transport Subsidy Scheme is only available to permanent residents of Australian who normally reside in NSW and who have a severe and permanent disability* | | | | |
|---|---|---|---|---|
| *Are you a permanent resident of Australia?* | *Tick if YES* | | *Tick if No* | |
| *Do you normally reside in New South Wales?* | *Tick if YES* | | *Tick if No* | |

**The following two questions do not affect your eligibility for the scheme or the number of trips you can take if accepted. They will however assist us in our administration of the Scheme.**

| Are you in full / part time employment or attending regular therapy? | *Tick if YES* | | *Tick if No* | |
|---|---|---|---|---|

| If accepted in the Scheme, how many taxi trips per month do you expect to take? | | Trips / month |
|---|---|---|

**BY SUBMITTING AN APPLICATION, YOU UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF THE SCHEME WHICH ARE SET OUT IN THIS FORM AND IN THE INFORMATION BOOKLET FOR APPLICANTS AND PARTICIPANTS.**

## Part A4: Applicant's Declaration

I certify that the information provided is true and correct.

I hereby authorise my doctor to provide (at my own expense) all relevant medical information required by the Taxi Transport Subsidy Scheme necessary in the assessment of my application, including by written or verbal means.

I have read or had explained to me the Terms and Conditions of the Scheme set out in this Form.

If my application is approved, I agree to observe the Terms and Conditions governing the granting of the subsidy and acknowledge that misuse of travel entitlements will lead to my removal from the Scheme and could result in prosecution.

| Applicant's signature | | Date | |
|---|---|---|---|

OR if the Applicant is unable to sign or is a minor:

| Name of person signing on behalf of the applicant | Signature of person signing |
|---|---|
| | |

| Relationship to applicant | | Date | |
|---|---|---|---|

# PLEASE HAVE YOUR DOCTOR COMPLETE THE FOLLOWING RELEVANT QUESTIONS ON THIS APPLICATION FORM.

## PART B: TO BE COMPLETED BY A MEDICAL PRACTITIONER

## IMPORTANT INFORMATION FOR MEDICAL PRACTITIONERS

**PLEASE READ CAREFULLY BEFORE COMPLETING PARTS B & C OF THE APPLICATION**

A person's eligibility is based on his/her medical/physical disability.

Inability to use public transport is not in itself a criterion for admission to the Scheme nor are factors such as financial status or remoteness from public transport.

People suffering from ageing processes e.g. senility, frailty, loss of memory, diminished hearing, senile dementia (unless accompanied by socially unacceptable behaviour), generalised weakness etc., do not qualify for admission to the Scheme unless they fall within the five categories of the eligibility criteria.

Temporary disabilities do not qualify a person for participation. The applicant's disability must be PERMANENT.

The subsidy is not available to persons whose medical condition is expected to improve.

All questions in Section 1 of this Part should be completed plus all questions in the relevant Sections 2 through 7.

When completing this form please tick either the YES or NO question box

Your complete responses to the questions are critical in the assessment of the applicant's eligibility.

Incomplete applications will delay your patient receiving the benefits of the Scheme as the form will be returned to them to obtain the missing information.

Your endorsement of the application and contact details are required in Part C.

Your relevant comments in addition to the definitive answers to specific questions are encouraged.

**PLEASE PRINT CLEARLY**

**Please use INK and print within the boxes in BLOCK LETTERS**

## Part B1: Eligibility Categories

**To be eligible for the Scheme your patient must have a severe and permanent disability in one of the following categories:**

- **Ambulatory / Mobility**

  Unable to walk or stand. Mobile only in a wheelchair due to a physical disability; or

  Mobile outside of home only with a wheelchair due to a physical disability; or

  Severe and permanent ambulatory problem that cannot functionally be improved which limits walking to a distance of 20 metres or less without rest and also:

  (a) necessitates permanent use of a walking aid for all mobility; or

  (b) necessitates the constant assistance of another person for all mobility; or

  (c) unable to independently ascend or descend three or more consecutive steps of 350mm height.

- **Vision**

  (a) Total loss of vision in both eyes or severe permanent impairment of 6/60 or less in each eye; or

  (b) Field of vision reduced to 10o or less all round; or

  (c) total loss of lower half field of vision which cannot functionally be improved by corrective lenses or other treatment; or

  (d) Homonymous hemianopia with significant mobility limitations.

- **Epilepsy**

  Severe and uncontrollable epilepsy.

- **Intellectual**

  Severe permanent intellectual disabilities which render the person incapable of travelling on public transport without the constant assistance of another person.

  Severe cognitive or memory impairment such that the applicant:

  (a) is unable to be aware of or communicate destination; or

  (b) is unable to manage the payment of fares; or

  (c) exhibits socially unacceptable behaviour.

- **Speech and/or Hearing, or Functional**

  Severe and permanent communication difficulties necessitating the constant assistance of another person to use public transport.

  Total and permanent functional loss of both upper limbs which renders the person incapable of travelling on public transport without the constant assistance of another person.

| **Under which category is the applicant applying to be admitted to the Scheme? (one or more categories must be selected for this application to be assessed)** | | | |
|---|---|---|---|
| Ambulatory / Mobility disability? | Tick if YES | | Complete Sections 1, 2, 7 & Part C |
| Visual impairment? | Tick if YES | | Complete Sections 1, 3, 7 & Part C |
| Epilepsy? | Tick if YES | | Complete Sections 1, 4, 7 & Part C |
| Intellectual disability? | Tick if YES | | Complete Sections 1, 5, 7 & Part C |
| Speech, Hearing, Functional disability? | Tick if YES | | Complete Sections 1, 6, 7 & Part C |

## Part B2: Section 1 MEDICAL BACKGROUND (Doctor to complete)

1. Patient's full name

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1.1. List all significant medical conditions

| DIAGNOSIS | Date of Onset or Duration | TREATMENT (Past, Current & Proposed) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

1.2. Is the status of the Applicant's current overall condition:

| Status (Tick if YES) | | | | | |
|---|---|---|---|---|---|
| Improving | | Deteriorating | | Static | |

1.3. Is the applicant under the management of a specialist for their disability?

| Disability | Tick if YES | Type of Specialist (e.g. Orthopaedic, Ophthalmologist) |
|---|---|---|
| Ambulatory / Mobility disability? | | |
| Visual impairment? | | |
| Epilepsy? | | |
| Intellectual disability? | | |
| Speech, Hearing, Functional disability? | | |

1.4. Are current or planned rehabilitation and/or treatment efforts expected to improve the applicant's ability to use public transport (buses / trains / ferries)?

| Tick if YES | | Tick if NO | |
|---|---|---|---|

| Please COMMENT on any of the above |
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## Part B3: Section 2 AMBULATORY / MOBILITY (Doctor to complete)

| CRITERIA |
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| Unable to walk or stand. Mobile only with a wheelchair due to a physical disability; or<br>Restricted to walking inside the home. Mobile outside of home only with a wheelchair due to a physical disability; or<br>Severe and permanent ambulatory problem that cannot functionally be improved which limits walking to a distance of 20 metres or less without rest and also:<br>(a) necessitates permanent use of a walking aid for all mobility; or<br>(b) necessitates the constant assistance of another person for all mobility; or<br>(c) is unable to independently ascend or descend three or more consecutive steps of 350mm height. |

2. If this Section is not applicable go to Part B4: Section 3

2.1. What are the main conditions affecting the applicant's mobility and ability to use public transport (buses, trains, ferries)?

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2.2. Does the applicant use a wheelchair outside of home for all mobility **at all times** due to a physical disability? (Note: An electric scooter is not considered a wheelchair)

| Tick if YES | | Tick if NO | |
|---|---|---|---|

If YES you do not need to answer Question 2.3

2.3. How many metres can the applicant walk outside of home, using a walking aid if necessary, before needing to stop and rest?

| Metres | |
|---|---|

| | | | | |
|---|---|---|---|---|
| (a) Does the applicant use a walking aid (stick, frame, walker, crutches) for mobility when away from home? | Tick if YES | | Tick if NO | |
| (b) Does the applicant require the constant assistance of another person for all mobility? | Tick if YES | | Tick if NO | |
| (c) Does the applicant require assistance to ascend or descend three or more consecutive steps of 350mm height? | Tick if YES | | Tick if NO | |

2.4. Please attach a copy of a recent relevant Specialist's report regarding the applicant's mobility, if available.

| Is a report attached? | Tick if YES | | Tick if NO | |
|---|---|---|---|---|

2.5. Other Comments

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## Part B4: Section 3 VISUAL IMPAIRMENT(Doctor to Complete)

| CRITERIA | |
|---|---|
| (a) | Total loss of vision in both eyes or severe permanent impairment of 6/60 or less in each eye; or |
| (b) | Field of vision reduced to $10^{o}$ or less all round; or |
| (c) | Total loss of lower half field of vision which cannot functionally be improved by corrective lenses or other treatment; or |
| (d) | Homonymous hemianopia with significant mobility limitations |

3. If this Section is not applicable, go to Part B5: Section 4

3.1. What are the main conditions causing the visual impairment?

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3.2. Has the applicant been assessed as legally blind by an eye specialist?

| Tick if YES | | Tick if NO | |
|---|---|---|---|

If **YES**, a certificate or report should be supplied.

| Is a report attached? | Tick if YES | | Tick if NO | |
|---|---|---|---|---|

3.3. What is the **best - corrected** visual acuity in each eye?

| RIGHT | | LEFT | |
|---|---|---|---|

3.4. Is there any loss of Visual Fields?

| | | | | |
|---|---|---|---|---|
| RIGHT | Tick if YES | | Tick if NO | |
| LEFT | Tick if YES | | Tick if NO | |

3.5. Degrees of reduction in field of vision?

| | Degrees |
|---|---|

3.6. Is the applicant's condition treatable?

| Tick if YES | | Tick if NO | |
|---|---|---|---|

Please COMMENT

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3.7. In the event of any significant abnormality in the applicant's visual acuity and/or field loss in both eyes, a recent ophthalmologist or optometrist report is required. The report should include visual field charts.

| Is a report attached? | Tick if YES | | Tick if NO | |
|---|---|---|---|---|

**If this page was completed by an ophthalmologist or optometrist**

| Ophthalmologist/Optometrist Name (please print) | Signature |
|---|---|
| | |

| Qualification | AHPRA registration no. |
|---|---|
| | |

**Please ensure Part C: Medical Practitioner's Endorsement (page 18) is also completed**

## Part B5: Section 4 EPILEPSY

| CRITERIA |
|---|
| Severe and uncontrollable epilepsy |

4. If this Section is not applicable, go to Part B6: Section 5

# This Section must be completed by the treating neurologist.

| Neurologist's Name (please print) | Signature |
|---|---|
| | |

| Qualification | AHPRA registration no. |
|---|---|
| | |

# Please ensure Part C Medical Practitioner's Endorsement (page 18) is also completed

4.1. Does the applicant suffer from grand mal epilepsy?

| Tick if YES | | Tick if NO | |
|---|---|---|---|

4.2. Is the applicant fit to drive a motor vehicle?

| Tick if YES | | Tick if NO | |
|---|---|---|---|

4.3. When was the applicant's last seizure that impaired consciousness AND was followed by confusion for more than one minute?

| Month | | Year | |
|---|---|---|---|

4.4. In the last 12 months, how many seizures has the applicant suffered that impaired consciousness and were followed by confusion for more than one minute?

| Number | |
|---|---|

4.5. What is the longest period between consecutive seizures which occurred in the last 12 months (meaning seizures with impaired consciousness and confusion lasting more than one minute)?

| Months | |
|---|---|

4.6. What is the prognosis for recovery in the long term?

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| |

4.7. Is there concomitant intellectual disability?

| Tick if YES | | Tick if NO | |
|---|---|---|---|

If ***YES*****,** please provide details in Section 5 (Intellectual Disability)

4.8. Other Comments

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## Part B6: Section 5 INTELLECTUAL DISABILITY (Doctor to Complete) (Cognitive Impairment)

| CRITERIA |
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| Severe permanent intellectual disability which renders the person incapable of travelling on public transport without the constant assistance of another person.<br>Severe cognitive or memory impairment such that the applicant:<br>(a) is unable to be aware of or communicate destination; or<br>(b) is unable to manage the payment of fares; or<br>(c) exhibits socially unacceptable behaviour. |

5. If this Section is not applicable, go to Part B7: Section 6a

5.1. What are the main conditions causing the applicant's intellectual disability?

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5.2. Does the intellectual disability prevent the applicant from travelling alone on public transport (buses, trains, ferries) at all times?

| Tick if YES | | Tick if NO | |
|---|---|---|---|

5.3. Can the applicant:

| | | | | |
|---|---|---|---|---|
| (a) Recognise the correct vehicles? | Tick if YES | | Tick if NO | |
| (b) Alight at the correct destination? | Tick if YES | | Tick if NO | |
| (c) Pay the correct fare? | Tick if YES | | Tick if NO | |
| (d) Communicate with transport staff? | Tick if YES | | Tick if NO | |

5.4. If able to travel on public transport, are there any associated behavioural problems which may be considered socially unacceptable when travelling on public transport?

| Tick if YES | | Tick if NO | |
|---|---|---|---|

If ***YES,*** please provide details of the behaviour considered socially unacceptable.

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5.5. If available, please attach a recent relevant specialist's report.

| Is a report attached? | Tick if YES | | Tick if NO | |
|---|---|---|---|---|

5.6. Other Comments

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## Part B7: Section 6a SPEECH and/or HEARING (Doctor to Complete)

| Criteria |
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| Severe and permanent communication difficulties necessitating the constant assistance of another person to use public transport. |

6. If this Section is not applicable, go to Part B8: Section 6b

6.1. What are the main conditions causing the speech and/or hearing impairment?

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6.2. Is the assistance of another person required by the applicant when using public transport owing to their inability to communicate or to receive information for them?

| Tick if YES | | Tick if NO | |
|---|---|---|---|

If ***YES***, *please provide details.*

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6.3. Does the applicant suffer from any speech impediment which affects their ability to travel on public transport?

| Tick if YES | | Tick if NO | |
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If ***YES***, *please provide details.*

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6.4. Is the applicant able to communicate effectively with transport staff with or without hearing aids?

| Tick if YES | | Tick if NO | |
|---|---|---|---|

If ***NO***, please attach a recent report of a speech discrimination test conducted by an audiologist.

| Is a report attached? | Tick if YES | | Tick if NO | |
|---|---|---|---|---|

## Part B8: Section 6b: Functional (Doctor to Complete)

7. If this Section is not applicable, go to Part B9: Section 7

7.1. Does the applicant have total and permanent functional loss of both upper limbs ?

| Tick if YES | | Tick if NO | |
|---|---|---|---|

7.2. Other Comments

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## Part B9: Section 7: ADDITIONAL SUPPORTING COMMENTS (Doctor to Complete)

In the following space, please summarise your opinion of the applicant's disability including any comments on how their medical or behavioural conditions bear on their application for subsidised transport.

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# PART C: MEDICAL PRACTITIONER'S ENDORSEMENT

Do you consider that your patient meets the medical eligibility criteria for one or more of the categories for acceptance to the Scheme?

| Tick if YES | | Tick if NO | |
|---|---|---|---|

If **Yes**, please tick which category

| Ambulatory | | Vision | | Epilepsy | | Intellectual | | Speech, Hearing or Functional | |
|---|---|---|---|---|---|---|---|---|---|

### ALL OF THE FOLLOWING INFORMATION IS MANDATORY

(Please print)

Medical Practitioner's name

| Medical Practitioner's name | AHPRA registration no. |
|---|---|
| | |

| Address | |
|---|---|
| | |
| | |
| | Postcode |

| Type of Practice | Tick if YES |
|---|---|
| General practice | |
| Specialist/Specialisation | |

| Contact Numbers | | | |
|---|---|---|---|
| Phone No. | | Fax No. | |

| Qualification |
|---|
| |

| How long have you treated this patient? | Years | | Months | |
|---|---|---|---|---|

| Signature of Medical Practitioner | Date |
|---|---|
| | |

Where practical, the **APPLICANT** is required to sign below in your presence:

| Signature of Applicant | |
|---|---|

## *PART D: OFFICE USE ONLY*

| OUTCOME | | | Ambulatory / Mobility | Vision | Epilepsy | Intellectual | Speech / Hearing | Exceptional Circumstances |
|---|---|---|---|---|---|---|---|---|
| APPROVED | | | | | | | | |
| REVIEW IN | | MONTHS | | | | | | |
| MORE INFORMATION | | | | | | | | |
| NOT APPROVED | | | | | | | | |
| Medical Assessor's Name | | | | | | Assessment Date | | |

| | |
|---|---|
| Assessing Medical Officer's Signature | |

| | |
|---|---|
| Application ID | |
| Client ID | |