Department of Transport

APPLICATION FOR THE TAXI USERS' SUBSIDY SCHEME

Information for Applicants

Please keep pages 1 and 2 for your information

About the Scheme

Also known as TUSS, the scheme provides taxi travel at a reduced rate for people who have a severe and permanent disability that will always prevent them using conventional public transport services.

To be eligible for the scheme you must;

- Be a permanent resident of Western Australia
- Have a **severe and permanent** disability that will always prevent you using conventional public transport, such as a bus service.
- Have a disability that falls within one of the categories below;

Mobility Disability

When considering eligibility for the scheme under this criterion, factors such as the need to use a wheelchair, walking aid or scooter and how the person's disability impacts on their **functional** capacity to use public transport, such as a bus, will be taken into account.

All the functional questions on pages 4 & 5 must be completed. Your functional capabilities must also be supported by medical evidence provided by your doctor.

Vision Disability

To be eligible for the scheme under this criterion you must be diagnosed as **legally blind.** To support this, information such as an Ophthalmologist's report or documentation of your visual acuity readings using the Snellen scale, supporting your legal blindness diagnosis, must be included.

Cognitive / Intellectual Disability

For the purposes of this scheme, a severe cognitive impairment/function relates to the mental processes of comprehension, judgement, memory and reasoning, which affect a person's ability to plan and find their way around independently in the community.

Generally speaking, this criterion applies to a person who does not have the cognitive ability to use public transport, such as a bus by themself.

PLEASE NOTE:

- People may apply for the TUSS under more than one category.
  If there are multiple disabilities, it is important to include information on <u>all</u> medical conditions.
- Each application is considered individually, on condition severity and on how a person's functional capacity to use public transport is affected.
- Children under the age of ten, unless confined to a wheelchair, are not eligible.

Factors or conditions that will NOT be considered include;

- Anti-social behaviour
- Vision impairment, but not legally blind
- Mobility problems that are episodic, whereby some days are considered bad days
- Availability of, or proximity to, public transport
- Length of bus journey, having to catch two or more buses, or inconvenient timetables
- Social/employment factors
- Climatic/environmental factors
- Personal security issues
- Income levels
- Eligibility for other subsidy or pension schemes (including veterans affairs)

Conditions that are short term and expected to improve will be taken as temporary conditions and so this will prove you ineligible for the scheme.

How to Apply

If you consider you may be eligible from the criteria on page 1, please follow these steps;

1) Complete Part A of the attached application form, attach proof of residency and sign Section 5.
If you wish to give further information, please do so on a separate page and attach.

2) Obtain a **colour photograph** of the applicant. The image should show the applicant facing the camera and be from the chest up. The image should not be more than 12 months old.

3) Book an appointment with your doctor or specialist.

4) Take the completed form and photograph to your doctor, who must complete Part B of the form and certify the back of the photograph.

The same doctor who completes the application form must certify the photograph

5) Send the completed application form, certified photograph and proof of residency to:

TUSS - On-demand Transport
GPO Box C102
PERTH WA 6839

If you have any queries or difficulties completing this form, please contact us below;

On-demand Transport: **P** 1300 660 147
E subsidies@transport.wa.gov.au

TTY: If you are hard of hearing or have a speech impediment please contact the National Relay Service on 13 36 77 and quote the telephone number (08) 9216 8000

Information is also available on our website at www.transport.wa.gov.au/taxis

Department of Transport

PART A

This form has two components, Part A & Part B. Both parts must be fully completed for your application to be assessed. Incomplete applications will be returned with an explanation letter.

PART A - to be completed by the applicant, next of kin or a care person

PART B - to be completed by a general practitioner or specialist

PART A: TO BE COMPLETED BY THE APPLICANT OR CARER

SECTION 1: APPLICANT'S DETAILS

Family Name _____ **First Name** _____

Title ☐ MR ☐ MRS ☐ MS ☐ MISS Other _____ **Date of Birth** _____

Home Phone # _____ **Mobile #** _____

Postal Address _____

Postcode:

Name of Institution if applicable _____

SECTION 2: NEXT OF KIN / CARE PERSON

Family Name _____ **First Name** _____

Relationship to Applicant _____

Home Phone # _____ **Mobile #** _____

SECTION 3: PHOTOGRAPH OF THE APPLICANT

Please attach a colour photograph of the applicant over this space.

DO NOT USE GLUE, TAPE or PLACE A STAPLE OVER THE FACE

The back of the photo must be certified by the doctor that completes Part B of this form. It should look like the sample shown here;

Please ensure the photograph shows the applicant facing the camera and is from the chest up.

This photo will be scanned and used on the membership card if the application is successful, so good quality printing is required.

I certify this is a true photograph of

APPLICANT'S FULL NAME

[doctor's signature]

Date ___ / ___ / _____

SECTION 4: ABOUT THE APPLICANT

1. Are you a permanent resident of Western Australia? ☐ YES ☐ NO

Proof of residency status MUST be attached to this application using one of these 3 options;

i) A copy (front & back) of your pension card **or** disability card **or** WA drivers licence (current or expired); OR

ii) A copy of your veteran's affairs card **and** a utility bill showing your name and address; OR

iii) A copy of your residency visa **and** a utility bill showing your name and address.

2. Do you have a drivers' licence? ☐ YES ☐ NO

3. Do you drive a motor vehicle? ☐ YES ☐ NO

4. Are you able to use a bus? ☐ ALWAYS ☐ SOMETIMES ☐ NEVER ☐ USUALLY ☐ IT DEPENDS

5. If you ticked SOMETIMES, IT DEPENDS, or NEVER, please explain why you have difficulty using a bus

6. When did you last use a bus with steps? ☐ THIS WEEK ☐ THIS MONTH ☐ 1 to 6 MONTHS ☐ 6 to 12 MONTHS ☐ 1 YEAR or MORE

7. What is your approximate **independent** walking distance in metres?
Without assistance from another person, rest breaks allowable

8. Do you use a walking / mobility aid? ☐ YES ☐ NO

9. Can you manage vertical steps independently? ☐ YES ☐ NO

10. What functional / health problems limit your ability to manage steps and why?

11. Can you move independently from sitting to standing and vice versa? ☐ YES ☐ NO

SECTION 4: ABOUT THE APPLICANT

12. Do any of the following reasons prevent you from using a bus?

- ☐ NO SERVICE AVAILABLE
- ☐ BUS STOP TOO FAR AWAY
- ☐ NEED TO CATCH 2 OR MORE BUSES
- ☐ BUS TAKES TOO LONG
- ☐ INADEQUATE TIMETABLE
- ☐ TERRAIN TOO HILLY
- ☐ CHILDREN TO MANAGE
- ☐ BUSY ROAD TO CROSS

SECTION 5: APPLICANT'S STATEMENT AND AUTHORITY

If you are unable to sign this document, please ask your care person / next of kin to sign on your behalf.

1. I authorise my care person / next of kin to act on my behalf who's signature appears below
2. I certify that the information I have provided is true and correct
3. I hereby authorise my doctor, psychiatrist or allied health professional to provide the relevant medical, psychiatric or allied health information required by the Department for the assessment of this application.
4. If this application is approved, I undertake to observe the conditions of membership of the Scheme and acknowledge that any misuse of the concession provided may lead to cancellation of membership and/or legal action or other penalties imposed by the department
5. I hereby authorise the Department of Transport and/or its employee to contact my Doctor/Health professional in regards to this application for the purpose of obtaining information to support this application.
6. I understand that my application will be returned to me if incomplete.

Applicant's signature

Date signed

(or next of kin/care person if applicant is unable to sign)

If signed by next of kin/care person, please print your full name

END OF **PART A**

Please take this form to your doctor with your photograph for Part B to be completed.

PART B: TO BE COMPLETED BY YOUR MEDICAL PRACTITIONER

The Taxi Users' Subsidy Scheme is available to people who have a **severe and permanent disability** that will **always** prevent them from using conventional public transport, if available to the applicant.

Please complete this part in **all sections relevant to the applicant** and certify the back of the applicant's photograph as shown on page 3.

SECTION 1: MOBILITY DISABILITY

DIAGNOSIS ONE: CURRENT CONDITION AFFECTING MOBILITY

Condition | **Date of onset**

What are the functional mobility issues relating to this diagnosis that affect the applicant's use of public transport?

Is the applicant undergoing any treatment or rehabilitation to improve their functional mobility? ☐ YES ☐ NO

If yes, please give details of the current treatment or rehabilitation

The condition is likely to; ☐ DETERIORATE ☐ IMPROVE ☐ STAY THE SAME

If the applicant is likely to improve, when do you expect the person to have stabilised or regained enough function to use conventional public transport? In _____ months.

DIAGNOSIS TWO: MOBILITY CONDITION

Condition | **Date of onset**

What are the functional mobility issues relating to this diagnosis that affect the applicant's use of public transport?

PART B

Is the applicant undergoing any treatment or rehabilitation to improve their functional mobility? ☐ YES ☐ NO

If yes, please give details of the current treatment or rehabilitation

The condition is likely to; ☐ DETERIORATE ☐ IMPROVE ☐ STAY THE SAME

If the applicant is likely to improve, when do you expect the person to have stabilised or regained enough function to use conventional public transport? In _____ months.

DIAGNOSIS THREE: MOBILITY CONDITION

Condition | **Date of onset**

What are the functional mobility issues relating to this diagnosis that affect the applicant's use of public transport?

Is the applicant undergoing any treatment or rehabilitation to improve their functional mobility? ☐ YES ☐ NO

If yes, please give details of the current treatment or rehabilitation

The condition is likely to; ☐ DETERIORATE ☐ IMPROVE ☐ STAY THE SAME

If the applicant is likely to improve, when do you expect the person to have stabilised or regained enough function to use conventional public transport? In _____ months.

OTHER RELEVANT MEDICAL HISTORY WHICH IMPACTS ON PUBLIC TRANSPORT USE

CONDITION	DATE OF ONSET	IMPACT ON MOBILITY

SECTION 2: ASSISTANCE REQUIREMENTS

Does the applicant use a walking aid? ☐ YES ☐ NO

If yes, please specify;
- ☐ WALKING FRAME / ROLLATOR
- ☐ TRIPOD / QUADCANE
- ☐ CRUCTHES
- ☐ WALKING STICK
- ☐ OTHER _____

Does the applicant require other forms of assistance for walking? (e.g. an attendant) - If yes, please describe

Does the applicant use a wheelchair or scooter? ☐ YES ☐ NO

If yes, please specify:
- ☐ MANUAL WHEELCHAIR
- ☐ ELECTRIC WHEELCHAIR
- ☐ SCOOTER

How often is the wheelchair / scooter used?
- ☐ ALWAYS
- ☐ OUTSIDE USE / LONG DISTANCE ONLY
- ☐ OCCASIONAL USE

How does the applicant use the wheelchair / scooter?
- ☐ INDEPENDENTLY (travels alone)
- ☐ WITH ASSISTANCE

SECTION 3: VISION DISABILITY

Specific diagnosis of visual impairment

Visual Acuity: What is the applicant's best corrected visual acuity using the Snellen scale?

LEFT EYE RIGHT EYE

Visual Fields: Please give details of any visual loss (total diameter of field remaining) in degrees

LEFT EYE RIGHT EYE

Does the applicant meet the eligibility criteria for legal blindness? ☐ YES ☐ NO

If yes, please provide photocopies of documentation to support legal blindness

SECTION 4: COGNITIVE / INTELLECTUAL DISABILITY

Condition | **Date of onset**

What are the functional mobility issues relating to this diagnosis that affect the applicant's use of public transport?

Is the applicant undergoing any treatment or rehabilitation to improve their cognitive/intellectual disability? ☐ YES ☐ NO

If yes, please give details of the current treatment or rehabilitation

What is the applicant's level of cognitive / intellectual disability?

☐ MILD ☐ MODERATE ☐ SEVERE

Would the applicant require the constant assistance of another person to use a bus? ☐ YES ☐ NO

Please supply relevant information to support the level of cognitive disability, for example;

Mini Mental Scale Evaluation (MMSE) score: / 30

Aged Care Assessment Team (ACAT) report:

Disability Services Commission (DSC) report:

Psychology of Occupational Therapy (OT) report:

Department of Transport

PART B

SECTION 5: APPLICANT'S USE OF PUBLIC TRANSPORT

Does the applicant's disability prevent them from independently using a conventional public transport bus service?

- ☐ YES, ALWAYS
- ☐ NO IT DOES NOT
- ☐ YES, SOMETIMES / MOSTLY
- ☐ DO NOT KNOW, UNSURE OF IMPACT

SECTION 6: FURTHER INFORMATION

Please provide any other information which you feel will be of assistance to our assessors in making a determination;

SECTION 7: MEDICAL PRACTITIONER'S DETAILS (please print clearly or use a practitioner's stamp)

I have examined the applicant and certify that to the best of my knowledge, the information provided is true and correct.

Medical Practitioner's Full Name

Address

Telephone Number

Medical Board Registration Number

Medicare Provider Number

Signature

PLEASE ENSURE YOU HAVE CERTIFIED THE BACK OF THE APPLICANT'S PHOTOGRAPH