

Application for the ACT Taxi Subsidy Scheme

What is the ACT Taxi Subsidy Scheme?

The Taxi Subsidy Scheme assists people who have a severe disability that prevents them using public transport for a minimum period of 6 months. The scheme provides a subsidy towards the cost of taxi transport. Travel can be by regular taxi or a wheelchair accessible taxi where required.

Who does it assist?

People who are permanent residents of the ACT, and who because of a **severe disability** are unable to use public transport.

How does it assist?

Vouchers are issued to approved Members, and are used towards the partial cost of the taxi fare. Members approved for the 50% subsidy will be eligible for a maximum subsidy of up to \$17.00 per trip. Members approved for the 75% subsidy will be eligible for a maximum subsidy of up to \$26.00 per trip. Eligible Members who receive a 75% subsidy will also have the loading and unloading portion of the fare paid for by the Government through the payment of a lift fee. Members can use their vouchers interstate.

How does a person obtain membership of the Taxi Subsidy Scheme?

1. Complete Part A of the attached application form;
2. Take the form to your Medical Practitioner, Occupational Therapist, Psychiatrist; or Ophthalmologist to complete Part B;
3. Enclose a copy of a document demonstrating ACT residency. (*eg: rental agreement, Centrelink card, Bank Statement, rates notice etc with your application*); and,
4. If your application is approved a book of personalised vouchers will be mailed to you along with instructions for use.

Please ensure that all areas of the form are fully completed and the form is signed and Proof of Residency is provided. This will ensure there is no delay in reaching a decision on your application. If all the required information is not provided your application will be returned to you for you to provide the missing information. All information on the form will be kept confidential.

Send the completed form to:
A.C.T. TAXI SUBSIDY SCHEME
GPO BOX 158
CANBERRA ACT 2601
PHONE: (02) 6207 1108



To be eligible for the Taxi Subsidy Scheme you must:

1. Be a permanent resident of the ACT;
2. Have a severe disability that prevents you using public transport; and,
3. Not be a member of an Interstate Taxi Subsidy Scheme.

Eligibility (severe disability)

For the purposes of this scheme a **severe disability** includes the following:

- a. Severe mobility disability;
- b. Legal blindness, as defined for social security purposes;
- c. Severe vision impairment;
- d. Cognitive/intellectual/severe psychiatric disability; and,
- e. Severe and uncontrolled epilepsy.

Period of Eligibility for the Subsidy

Depending upon prognosis (whether you have a permanent or time limited disability), eligible applicants will be granted either general access (initial period of three years) or temporary access (for a limited period of 6 or 12 months).

The following factors will not be used to determine eligibility

1. Income;
2. Eligibility for other subsidy, concession or pension schemes;
3. Availability of, or proximity to public transport; and,
4. Length of journey or timetable problems.

If you are assessed as not eligible for the scheme

You can apply again in the future should your condition deteriorate. If you wish to have the decision reviewed, you can lodge an appeal to the manager of the scheme and request a review.

Conditions of Access to the Subsidy

- **Only the member whose name appears on the voucher may use the vouchers. DO NOT let another person use your vouchers. Others may travel with you in the taxi but MUST NOT under any circumstances use your vouchers, as this would be fraud;**
- **Fare meters must be used at all times to ensure fare accuracy;**
- **Do not use the vouchers to send or pick up parcels, vouchers are for passenger use only;**
- **Only use ONE voucher per trip;**



- **Fill in a voucher with the trip details, but only sign and remove the voucher at the end of the trip;**
- **Always carry your voucher book with you when you travel;**
- **Carry proof of identification such as a Medicare or Pension Card and produce it when the driver asks to see it;**
- **Your vouchers are valid in the ACT and interstate (but check with drivers when interstate before undertaking the trip to ensure there are no problems at the end of the trip); and,**
- **Voucher usage is audited and fraudulent use of the vouchers will result in police prosecution. This scheme is intended to assist people who are unable to use public transport because of a severe disability.**
- **Please complete Part A if you wish to apply for membership to the Taxi Subsidy Scheme.**

Part B must be completed by a Medical Practitioner or Occupational Therapist.

When parts A and B have been completed, send the form and documentation to:

**A.C.T. TAXI SUBSIDY SCHEME
GPO BOX 158
CANBERRA ACT 2601
PHONE: (02) 6207 1108**



Part (A) Applicant Information

Please answer ALL questions (PLEASE PRINT)

Mr Mrs Miss Ms Other Sex: M :MF

Family Name.....

Given Name.....

Date of Birth.....

Residential Address

Postal Address

Street No and Name.....

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Suburb.....

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Post Code.....

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Phone No.....

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Name of alternate contact person (relative, partner, advocate, friend, carer)

Residential Address

Street No and Name

Phone No Home

Suburb.....

Phone No Work.....

Post Code.....

Office Use Only

Date Received.....

Signature.....



1. Are you a permanent resident of the ACT? Yes No

(NOTE: Please provide evidence of ACT residency, a document showing your name and address, eg: rental agreement, Centrelink card, Bank Statement, rates notice etc with your application.)

2. Have you previously applied for or joined the ACT scheme? Yes No

3. Are you a member of an interstate taxi subsidy scheme? Yes No

4. Do you require assistance with communication/ language? Yes No

Assistance required?

5. For what purpose will you mainly be using taxis?

Employment Training/Education Recreation

Shopping Medical/Therapy Other

If other (please specify).....

6. Are you able to use a standard taxi? Yes No

7. Do you need a Wheelchair Accessible Taxi? Yes No

8. When did you last use a bus?

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9. Did you require assistance to use the bus because of your disability?
Yes No

10. What mode of transport could you currently use if it was available?

Standard Taxi Wheelchair Accessible Taxi

Bus Car (passenger) Car (driver)

11. If there was a bus service near to where you live, could you use a bus?

Yes No Depends

If you answered “No” or “Depends”, why would you still have difficulty using a bus?

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Additional Comments/Information:

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DECLARATION

The information you are asked to provide on this form will be kept confidential and only used to determine eligibility for membership of the Scheme, and inform the Scheme of transport needs for people with disabilities.

- I certify that I am unable to use public transport due to my disability and that the information provided on this form is correct;
- I understand that I **may** be required to undergo a medical examination to be carried out by Health Services Australia in order to determine eligibility for the Scheme;
- I understand that if my application is approved, I may be required to undergo reviews to confirm my continued eligibility to access the subsidy; and,
- If this application is approved I will abide by the conditions governing the granting of this subsidy and acknowledge that any misuse of the subsidy provided may lead to cancellation of membership and/or legal action.

Name of Applicant:.....

Signature of Applicant:..... Dated:.....

In addition

- I authorise my application form to be forwarded to Health Services Australia for assessment and;
- I further approve my doctor or approved health care professional to provide the necessary information required by the ACT Taxi Subsidy Scheme and/or Health Services Australia for the purposes of assessing my eligibility for membership of the Scheme.

Signature of Applicant:..... Dated.....



Part (B) Medical Practitioner/Health Profession to complete

PART B must be filled in by a qualified and registered Medical Practitioner or a qualified Occupational Therapist.

The Taxi Subsidy Scheme is intended to improve the mobility and independence of people who are unable to use public transport because of severe disabilities. It is not intended to remedy problems with public transport time tables or routes.

A severe disability for the purposes of the ACT Taxi Subsidy Scheme means:

- i. Severe mobility disability;
- ii. Legal blindness, as defined for social security purposes;
- iii. Severe vision impairment;
- iv. Cognitive/intellectual/severe psychiatric disability;
- v. Severe and uncontrolled epilepsy.

A designated ACT Government officer makes the final assessment and approval of all applications based on the information provided in this application.

For our assessment of this application, your responses to the following questions are essential. All information will be treated confidentially. If you wish to discuss this case please phone (02) 6207 1108.

Please complete ALL parts of questions 1 to 3 for all applicants and the relevant sections of question 4.

If you wish to provide other relevant information please add this at question 5. It is essential to complete the signatory page.

(If all the required information is not provided the application will be returned to your patient to gain the required information.)

1. Diagnosis and Prognosis

1.1 Please provide relevant details of the applicant’s diagnosis or disability that affects their ability to use public transportation:

<u>DIAGNOSIS OR DISABILITY</u> (please do not use acronyms)	<u>DATE OF ONSET</u>
1.....
2.....
3.....



1.2 Is the applicant undergoing active treatment or rehabilitation? Yes No

1.3 If **Yes** is the applicant's condition likely to:- Deteriorate? Yes No

Stay the same? Yes No

Improve? Yes No

Don't Know? Yes No

1.4 If you expect the applicants' condition to improve, indicate whether you expect the person to stabilise or regain enough function to be able to use public transport.

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1.5 Recommended Period of Membership:

General Membership
(for conditions which are permanent or unlikely to improve)

Temporary Membership
(for conditions which prevent the use of public transport for 6 months or longer and which are likely to improve)

2. Use of Bus

2.1 Does the applicant's disability prevent them using public transport?

Always Yes No

Usually Yes No

Sometimes Yes No

Never Yes No

Unsure Yes No

2.2 How does the applicant's disability affect their ability to use public transport?

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3. Loss of function

3.1 Please tick the eligibility category or categories that apply in relation to this application:

- | | | |
|---|--------------------------|-----------|
| Severe Mobility Disability | <input type="checkbox"/> | Go to 4.1 |
| Legal Blindness or Severe Vision Disability | <input type="checkbox"/> | Go to 4.2 |
| Cognitive/Intellectual/ severe Psychiatric Disability | <input type="checkbox"/> | Go to 4.3 |
| Uncontrolled Epilepsy | <input type="checkbox"/> | Go to 4.4 |

4.1. Mobility

4.1.1 Does the applicant suffer from a physical impairment (eg paralysis, loss of limb(s), arthritis, circulatory or respiratory diseases) which affects their capacity to use public transport?

Yes No

4.1.2 Does the applicant use a walking aid?

Yes No

4.1.3 If yes , what type of aid is used?

.....
(eg. Walking frame, Tripod/ quadriped, Crutches, Walking stick, Scooter, Other aid)

4.1.4 Is the applicant confined to a wheelchair?

Yes No

4.1.5 Is the applicant able to use a standard taxi?

Yes No

4.1.6 Does the applicant require other forms of assistance (eg an attendant/carer)?

Yes No

If **Yes**, please describe the level of assistance required.

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4.2 Vision

4.2.1 Is the applicant visually impaired?

Yes No

4.2.2 Does the applicant meet the eligibility criteria for legal blindness? Yes No

4.2.3 What is the applicants best corrected visual acuity using the Snellen Scale?

Right eye

Left eye



4.2.4 Please give details of any visual field loss (in degrees).

Right eye Left eye

4.3 Cognitive/Intellectual

4.3.1 Does the applicant have a cognitive, intellectual, or severe Psychiatric disability?

Yes No

4.3.2 Diagnosis and details of how this affects the persons use of public transport

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.....

4.3.3 Does the applicant always require the assistance of another person when travelling on public transport?

Yes No

4.3.4 Is the applicant undergoing or have they undergone special travel training?

Yes No

4.3.5 If yes, please comment on the expected outcome from this training.

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4.4 Epilepsy

4.4.1 Does the applicant suffer from severe and uncontrolled epilepsy?

Yes No

4.4.2 If Yes, please comment on medication/ episode history

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5. Other Comments

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Approved Health Practitioner's Details

Doctor's/Occupational Therapist's Name (please print)

Qualification(s)

Work Address..... Phone No.....

Suburb.....

Post Code.....

Medical or other Health Professional Board
 Registration No. or Medicare Provider No

I certify that I have completed the relevant details in Part B and that this information is correct to my knowledge.

Signature.....**date**

For Office Use only

Approved Yes No

Category

- M1 M2 M3 M4
 LB VI ID EP PS

Subsidy:

- 50% 75%

Review:

- General 3 years
 Temporary **for** months

Reason if Ineligible / comments:.....

Assessor's Signature..... **Date**.....

