

ANGUS COUNCIL

APPLICATION FOR A TAXICARD



To be considered for a Taxicard, you must be:

- permanently resident in Angus
- unable to use public transport (ie a bus)
- certified/registered blind; or
- have a severe and permanent disability

Severe disability is defined as:

- requires the use of a wheelchair, or
- uses a walking frame, or
- has long term dependency on crutches / walking sticks, or
- has an acquired brain injury, or
- cannot walk 25 metres on the flat without stopping

(all applications must be supported by medical evidence)

However, you will not qualify for a Taxicard if any of the following applies to you:

- are able to use ordinary bus services
- have a Scotland Wide Free Bus Pass
- are the driver of a car
- have a Disabled Person's Parking Badge (Blue Badge) and have ready and regular access to a vehicle
- are in receipt of a Mobility Component of Disability Living Allowance
- are in receipt of a War Pensioner's Mobility Supplement

(these exceptions do not apply to an applicant who is blind. In which case they can have a Taxicard, Blue Badge and Bus Pass).

Applicants should answer ALL questions and sign the declaration (Part 6). If you are unable to complete the form or sign the declaration then the person completing the form for you should sign their name and indicate their relationship to you.

Part 1 – About You

Surname _____ Ethnic Origin _____

First Name(s) _____

Title Mr/Mrs/Ms etc _____ Date of Birth _____

Address _____

Postcode _____ Daytime Telephone No _____

Part 2 – About your Doctor

Name _____

Address _____

Postcode _____ Telephone Number _____

Part 3 - About Benefits, Pensions etcAre you in receipt of a War Pensioners' Mobility Supplement? YES NO Are you in receipt of a Mobility Component of Disability Living Allowance? YES NO Are you in receipt of foreign equivalent of above two benefits? YES NO Are you certified or registered blind? YES NO *If yes, then please provide us with evidence of your registration.***Part 4 – About your difficulties**Do you have a Disabled Persons' Parking Badge (blue badge)? YES NO Do you have ready and regular access to a vehicle? YES NO Are you the driver of a car? YES NO Do you hold a Scotland Wide Free Bus Pass? YES NO Are you able to use ordinary bus services? YES NO

What is your disability and how does it affect you?

Do you use any of the following aids on a regular basis?

Crutches YES NO Artificial Leg YES NO Walking Stick YES NO Walking Frame YES NO Wheelchair YES NO

Part 5 – To Be Completed By An Approved Agency

ALL applicants must have their application supported by an approved agency. Please ask any one of the following agencies to complete this section. Please note that Angus Council cannot accept responsibility for any costs which this may incur.

*District Nurse Occupational Therapist Medical Practitioner Health Visitor
Acquired Brain Injury Worker*

GUIDELINES FOR AGENCIES SUPPORTING TAXICARD APPLICATIONS

You are asked to endorse that the applicant has a severe and permanent disability which prevents them using local bus services. (for definition see page 1)

It is expected that the applicant will be known to you and you will be able to make a comprehensive assessment of their disability.

In the event that a person’s eligibility is subsequently queried, the matter will be discussed with you further. Beyond this there is no on-going responsibility implied in supporting an application.

All statements will be treated in the strictest confidence. While space has been made on this application form for your statement, you may wish to send details separately .

TO BE COMPLETED BY AN APPROVED AGENCY ONLY

Full Name and Title _____

Address _____

Postcode _____ Telephone Number _____

Occupation _____

Signature _____ Date / / _____

Please use the space below to give a full account of the applicant’s illness or disability, and how this affects their mobility. As an alternative you may wish to attach a supporting letter but in this case you should still sign the form above.

Part 6 – Declaration

This section is to be completed by the applicant. If you are unable to sign this form then the person completing this form for you should sign their name and indicate their relationship to you.

The information you have provided will be used by Angus Council in order to process your application for a Taxicard. The information will be held securely and will be treated as confidential except where the law requires it to be disclosed.

The information provided on this form may also be used by Angus Council to ensure that you are receiving your full entitlement to welfare benefits. If you **do not** wish your information to be used for this purpose please tick this box.

I agree to Angus Council referring this application to Medical Advisory Service, NHS Tayside for independent medical assessment if considered necessary.

I agree to Angus Council checking the National Concessionary Travel Database to verify that I am not the holder of a Concessionary Bus Pass.

I agree to Angus Council checking with the Department of Works and Pension to verify that I am not in receipt of any rate of Disability Living Allowance Mobility Component.

Angus Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to check its accuracy, present or detect crime, protect public funds or where required by law.

I certify that the information I have supplied is correct to the best of my knowledge and I authorise Angus Council to use it for the above purposes. In the event that I am awarded a Taxicard, I agree to abide by the terms and conditions of the Scheme.

Signature

Date/...../.....

TAXICARD, WELFARE RIGHTS, ANGUS COUNCIL, SOCIAL WORK AND HEALTH, CARSEVIEW ROAD, FORFAR, DD8 3BT

FOR OFFICIAL USE ONLY

DO NOT WRITE IN THIS SPACE

Date Application Received _____

Application referred to Medical Advisory Service, NHS Tayside YES NO Date Referred / /

Date Application Approved/Refused / / Reason _____

Date Photos Requested / / Date Received / /

Date Taxicard Issued _____ Taxicard No _____ Expiry Date _____

ANGUS COUNCIL TAXICARD SCHEME

GUIDELINES FOR COMPLETION OF APPLICATION FORM

Please complete your personal details in **Part 1** and your GP details in **Part 2**.

Part 3 asks about benefits and pensions, please tick the **yes/no** box where applicable. If you are certified or registered as blind please ask the Forfarshire Society for the Blind to stamp your application.

Part 4 asks about your difficulties, please tick the **yes/no** box where applicable. Indicate if you use any of the walking aids listed and give a brief outline of you difficulties.

Part 5 - ALL applicants must have their application supported by an Approved Agency.

Please ask any one of the following agencies to complete this section.

District Nurse Occupational Therapist Medical Practitioner Health Visitor
Acquired Brain Injury Worker

Please note that Angus Council cannot accept responsibility for any costs this may incur.

Part 6 if you are unable to sign this form then the person completing the form for you should sign their name and indicate their relationship to you.

By signing the form you are agreeing to abide by the terms and conditions of the Taxicard Scheme and are agreeable to Angus Council referring your application to Medical Advisory Service, NHS Tayside for independent medical assessment if considered necessary.

The receipt of application forms will not be acknowledged, however if you have not heard from us within 10 working days please contact our office. The assessment process can take some time and may involve an independent medical assessment by Medical Advisory Service, NHS Tayside, however, everyone will receive notification as to the outcome of their application. If you have any queries relating to your application, in the first instance please telephone Forfar (01307) 474669.

The fully completed form together with any documentary evidence should be sent to:

Taxicard, Welfare Rights Service, Angus Council, Social Work and Health, Carseview Office, Carseview Road, Forfar, DD8 3BT.