

# TAXI TRANSPORT SUBSIDY SCHEME

## APPLICATION FOR TAXI TRANSPORT SUBSIDY FOR PEOPLE WITH SEVERE AND PERMANENT DISABILITIES

PLEASE READ INSTRUCTIONS BEFORE  
COMPLETING APPLICATION FORM

### 1. ELIGIBILITY

The Taxi Transport Subsidy Scheme, administered by the NSW Government, provides taxi travel at a half rate subsidy to residents who are unable to use public transport because of a qualifying severe and permanent disability. **Inability to use public transport is not in itself a criteria for admission to the Scheme nor are factors such as financial status or remoteness from public transport.**

Preschool aged children, regardless of disability, are ineligible for inclusion in the Scheme. Receipt of a pension, aged, invalid, blind or otherwise, does not automatically qualify for participation in the Scheme.

To qualify for the subsidy, an applicant's disability must be **PERMANENT**. The subsidy **is not available to people receiving treatment or undergoing rehabilitation** with the expectation that in due course, the extent of their disability will then be such as to qualify for participation in the Scheme.

The eligibility of an applicant depends on the extent or severity of the disability or mobility limitation. The applicant's disability or mobility limitation **must** fall strictly within one of the following categories:

#### Ambulatory problems

1. Unable to walk or stand. Mobile only in a wheelchair due to physical disability: or
2. Mobile outside of home only with a wheelchair due to physical disability: or
3. Severe and permanent ambulatory problem that cannot functionally be improved which limits walking to an **extremely limited** distance.

#### Vision

4. Total loss of vision in both eyes or **severe permanent** impairment which cannot functionally be improved by correcting lenses or other treatment.

#### Epilepsy

5. **Severe and uncontrollable** epilepsy.

#### Intellectual

6. **Severe** intellectual disabilities causing behavioural problems:
  - (a) resulting in socially unacceptable behaviour
  - (b) requiring the **constant assistance** of another person for travel on public transport (including taxis).

#### Other Functional Disabilities

7. Severe and permanent communication difficulties which render the person incapable of travelling on public transport without the constant assistance of another person.

These restrictions mean that some people, although unable to use public transport because of some other non-qualifying disability, will not be eligible to participate in the Scheme.

Applicants deemed ineligible to participate following an assessment of their application may at any time appeal to the Scheme to have their case reviewed. All requests must be in writing and accompanied with further medical evidence in support of their eligibility.



## 2. HOW TO APPLY

If your disability is severe and permanent, complete **PART A** of the application form and take it to your medical practitioner who will then complete the remaining questions on the form (**PART B**). The application should then be forwarded to the Scheme's administration office for assessment.

If your application is approved, a book of Travel Dockets will be forwarded to you.

## 3. WHERE DO TAXIS FOR THE DISABLED OPERATE?

The Scheme operates statewide and generally participants may use any taxi. While some country areas only have conventional taxis for use by participants, an increasing number of wheelchair accessible vehicles are also available.

In country towns where a wheelchair accessible vehicle has been introduced, participants **must** use that taxi operator to gain the half fare subsidy.

In the Sydney area, conventional taxis are available through local operators but participants wishing to use wheelchair accessible taxis must book their travel through the central booking service which co-ordinates all wheelchair accessible taxis in the Sydney metropolitan area.

The Scheme is not intended for long distance travel and is primarily available to suit the travel requirements of people with disabilities within particular areas or towns. A maximum limit of \$30.00 subsidy per trip applies.

## 4. HOW MUCH WILL YOU PAY FOR TRAVEL?

You pay half the metered taxi fare at the end of your journey and surrender a signed and completed travel docket to the taxi driver.

In the case of a shared hiring with another participant, you each pay one quarter of the fare, using a travel docket and one quarter of the fare in cash, for the distance travelled while more than one participant occupies the taxi.

## 5. GENERAL INSTRUCTIONS

- (i) Block letters must be used when completing the application form.
- (ii) Failure to fully complete all details may delay the assessment of eligibility and granting of the subsidy.
- (iii) Medical practitioners are required to complete **ALL** answers to questions contained in **PART B**.
- (iv) Completed application forms should be sent to:

**TAXI TRANSPORT SUBSIDY SCHEME  
LOCKED BAG 5067  
PARRAMATTA NSW 2124**

## 6. FURTHER INFORMATION

For further information relating to the Taxi Transport Subsidy Scheme, write to the above address or:

Toll Free (General): 1800 623 724

Fax: (02) 8836 3122

Web site: [www.transport.nsw.gov.au/concess\\_grants/ttss.html](http://www.transport.nsw.gov.au/concess_grants/ttss.html)

E-mail: [ttss@transport.nsw.gov.au](mailto:ttss@transport.nsw.gov.au)

**TAXI TRANSPORT SUBSIDY SCHEME**  
**FOR PERSONS WITH SEVERE AND PERMANENT DISABILITIES**

**PART A: APPLICANT DETAILS**

Office Use Only

Ref No: \_\_\_\_\_

Account No: \_\_\_\_\_

**PLEASE PRINT**

Mr SURNAME OTHER NAMES DATE OF BIRTH  
Mrs   / /  
Miss    
Ms

RESIDENTIAL ADDRESS

POSTCODE

PHONE

POSTAL ADDRESS

POSTCODE

MEDICARE NUMBER

NAME AND ADDRESS OF NEAREST RELATIVE

PHONE

Are you an Australian citizen?

YES  NO

Do you permanently reside in New South Wales?

YES  NO

Are you a participant in a Taxi Subsidy Scheme in another State?

YES  NO

If yes, which State

Are you able to use public transport?

YES  NO

**DECLARATION:**

I certify that the above information is correct.

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

I understand that if my application is approved, I may be required to undergo a review to confirm my continued eligibility to participate.

If this application is approved, I undertake to observe the conditions governing the granting of the subsidy and acknowledge that misuse of travel docketts will lead to my withdrawal from the Scheme and/or legal action or other penalties imposed by the NSW Ministry of Transport.

APPLICANT'S SIGNATURE

DATE  /  /

OR Carer's Name

Carer's Signature

Carer's Relationship

**PLEASE HAVE YOUR DOCTOR COMPLETE THE REMAINING QUESTIONS ON THIS APPLICATION FORM TO ENABLE AN ASSESSMENT OF YOUR ELIGIBILITY TO PARTICIPATE IN THE SCHEME**

# INCOMPLETE APPLICATIONS MAY LEAD TO REJECTION

## IMPORTANT INFORMATION FOR MEDICAL PRACTITIONERS

### PLEASE READ CAREFULLY BEFORE COMPLETING PART B OF THE APPLICATION

The Taxi Transport Subsidy Scheme is intended to assist only those persons who are **severely and permanently** disabled to the extent that their quality of life and mobility is severely limited by one or more of the seven (7) categories of disability shown under **ELIGIBILITY** on the front sheet attached to this application. Whether an applicant is in receipt of a pension, aged, invalid or otherwise, does not automatically qualify them for participation in the Scheme. It should be noted that preschool aged children, regardless of disability, are not eligible for inclusion in the Scheme.

It is important to note that some persons will not be eligible to participate in the Scheme, although they are, through a severe or permanent disability, unable to use public transport. 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 condition or remoteness from public transport.**

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

The subsidy is not available to persons undergoing active treatment or rehabilitation with the expectation that in due course the extent of their disability will not then be such as to qualify them for participation. Temporary disabilities do not qualify a person for participation. The applicant's disability must be **PERMANENT**.

Replacement of diseased or degenerated joints with prosthesis can significantly improve mobility. Cardiac surgery can considerably improve mobility and quality of life. Cataract surgery can improve vision. The presence of osteoarthritis of joints, coronary disease and cataract/s etc. does not immediately make a person eligible for the taxi subsidy.

Subsequent reviews of participants' medical conditions may be required to confirm continued eligibility.

### **NB: Ophthalmologist**

For vision impaired applicants, please provide copies of the latest visual field charts.

**PART B: TO BE COMPLETED BY A MEDICAL PRACTITIONER ONLY**

**Please ensure that all sections are completed before forwarding the application form otherwise the application will be delayed by returning the form to you for completion.**

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

Please indicate appropriate box with  and provide comments in the spaces provided.

Please print clearly.

**Section 1: DIAGNOSIS**

MAIN CONDITIONS

1.	2.	3.
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CONCOMITANT CONDITIONS

1.	2.	3.
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**Section 2: GENERAL**

2.1 Is the applicant undergoing active treatment for their disability or is any planned? YES  NO

If **YES**, please provide details.

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2.2 Is the applicant's condition: Improving   
Deteriorating   
Static

2.3 Is the applicant undergoing active rehabilitation or is rehabilitation planned? YES  NO

If **YES**, please provide details.

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**Section 3: MOBILITY**Please complete all relevant Mobility Section questions

3.1 Does the applicant require a wheelchair **PERMANENTLY** for mobility away from home? YES  NO

**If YES proceed to Section 4.****If NO, please answer the following questions:**

3.2 On average how far can the applicant walk before needing to stop and rest?  metres  
**This question must be answered!**

3.3 Is a walking aid required for mobility? YES  NO

3.4 Can the applicant ascend/descend three or more consecutive steps?

3.5 Which medical condition does the applicant require the permanent use of a wheelchair, walking aid or constant assistance for mobility?

**Section 4: EPILEPSY**

Not applicable  Proceed to Section 5 YES  Proceed to 4.1

4.1 Does the applicant suffer from severe and uncontrollable epilepsy? YES  NO

4.2 With optimum medication, what is:

(a) average number of episodes per month?

(b) average duration of episodes?  mins

4.3 Is there concomitant intellectual disability? YES  NO

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

**Section 5: INTELLECTUAL DISABILITY**

Not applicable  Proceed to Section 6 YES  Proceed to 5.1

5.1 Does the applicant have permanent intellectual disability? YES  NO

5.2 Is there a specific diagnosis for the intellectual disability? YES  NO

If **YES**, please provide details.

  


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5.3 Is the applicant permanently intellectually disabled to such an extent that he/she cannot travel on public transport (including taxis) without the constant assistance of another person at all times? YES  NO

If **YES**, please explain.

  


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5.4 Are there any associated behavioural problems which may be considered socially unacceptable? YES  NO

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

  

5.5 Is the applicant capable of being travel trained? YES  NO

If **NO**, please provide details.

  

### Section 6: VISUAL IMPAIRMENT

Not applicable  Proceed to Section 7 YES  Proceed to 6.1

6.1 Has an ophthalmologist determined that the applicant is legally blind? YES  NO

6.2 What is the **best - corrected** visual acuity in each eye? RIGHT  LEFT

6.3 Is there any loss of Visual Fields? YES  NO

If **YES**, please provide a copy of the latest Visual Field Chart together with a copy of any current reports of the applicant's visual acuity and/or field loss in both eyes.

6.4 What condition (e.g. cataracts) causes the visual impairment?

6.5 Is it treatable? YES  NO

If **YES**, please provide details.

### Section 7: SPEECH AND HEARING

Not applicable  Proceed to Section 8 YES  Proceed to 7.1

7.1 Does the applicant suffer from permanent loss of speech or loss of comprehension (receptive Aphasia) rendering the person incapable of travelling on public transport without constant assistance of another person to communicate or receive information for them? YES  NO

If **YES**, please provide details.

  

7.2 Does the applicant suffer from any speech impediment which may affect their ability to travel on public transport? YES  NO

If **YES**, please provide details.

  

7.3 Does the applicant suffer from severe deafness? YES  NO

If **YES**, please attach copy of audiogram.

