Taxi Subsidy Scheme Application

Transport Operations (Passenger Transport) Regulation 2018

Carefully read the following information before completing the Taxi Subsidy Scheme (TSS) application form.

What is the TSS?

The TSS provides a subsidy for taxi travel at a half rate subsidy to people who fully meet one of the six eligibility categories listed below. The scheme is administered by the Department of Transport and Main Roads.

The following reasons are not grounds for approval:

- Difficulty in accessing bus/train due to availability, timetable, remoteness or terrain
- Financial constraints
- Pension/concession card holder
- Inability to drive
- Episodic mobility problems
- Short term mobility restrictions of five months or less, (for example, following surgery or acute injuries such as fractures).

Eligibility categories are determined by the *Transport Operations (Passenger Transport) Regulation*. An applicant may be eligible to join this scheme if they meet the criteria for one of the following categories–

Category 1	Has a physical disability making the person dependant on a wheelchair for mobility outside the person's residence
Category 2	Has a physical disability or other medical condition that restricts the person from walking, unassisted and without a rest, 50 metres or less and– (i) makes the person permanently dependant on a walking aid (ii) prevents the person from ascending or descending 3 steps without assistance (iii) has resulted in a history of frequent falls (iv) is a condition that is an advanced cardiovascular, respiratory or neurological disorder (v) causes severe pain limiting ambulation,verifiable by appropriate clinical investigations. or Has a physical disability or other medical condition requiring– (i) the person to ordinarily carry treatment equipment which, when carried, restricts the person from walking, unassisted and without rest, 50 metres or less (ii) someone else to ordinarily carry or administer treatment equipment for the person.
Category 3	Has a total loss of vision or severe permanent visual impairment
Category 4	Has severe and uncontrollable epilepsy
Category 5	Has an intellectual disability causing behavioural problems– (i) resulting in socially unacceptable behaviour (ii) requiring the constant assistance of someone else for travel on public transport.
Category 6	Has a severe emotional or behavioural disorder with a level of disorganisation resulting in the need to be always accompanied by another person for travel on public transport
Categories 1 to 6	Has a clinical condition resulting in a disability mentioned in categories one to six of a temporary nature, and is undergoing medical, surgical or rehabilitative treatment for the disability, requiring the person to have access to taxi travel for a period of at least five months

Processing of Applications

The department will register your application form before forwarding it to Queensland Health for an assessment of the clinical information provided. An incomplete application will be returned to the applicant. Applications are usually processed within four weeks of receipt. If further clinical information is required from your health professional the assessment process may take longer.

Approved Applications

When an application is approved, the applicant will be advised in writing by the department. A TSS smartcard will be posted to the successful applicant within 14 working days of approval. The department will advise the member eight weeks before membership is due to expire for reapplication. Members of the scheme must inform the department of any changes to their contact details.

Unsuccessful Applications

An unsuccessful applicant will be advised in writing by the department.

How to Apply

Part A - must be completed by the applicant or the applicant's carer or agent (page 3)
- applicant's declaration must be completed, signed and dated by the applicant or the applicant's carer or agent (page 3)
- declaration of the applicant's identity must be completed, signed and dated by the witness (page 4).

Part B - All applicants must ensure the specified Health Professional completes the necessary pages.

Part C - The specified Health Professional must complete all information relevant to the category being applied under.

Declaration of applicant's identity by witness

The witness must be satisfied that the photographs represent the applicant's true identity before signing the back of one of the photographs. The following statement must be written on the back of one of the photographs by the witness. 'I certify this is a true photograph of (insert applicants full name) the person in my presence'. Then sign the declaration on page 4. The witness must complete the declaration on page 4 of the application form.

The witness must be one of the following:

- a health professional
- a Justice of the Peace or Commissioner of Declarations
- a police officer, solicitor, barrister, judge or pharmacist.

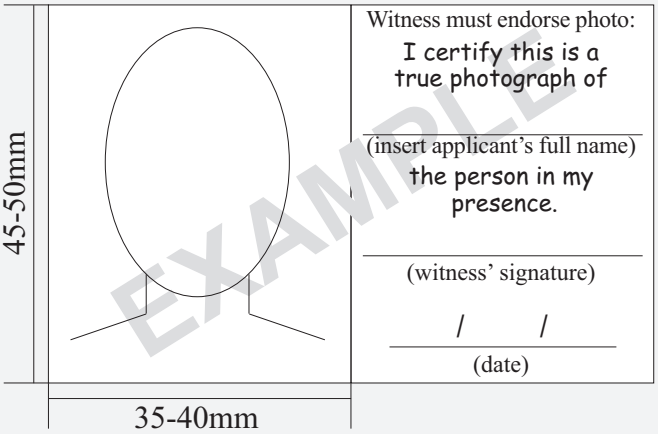
The two passport photographs must be:

- no more than six months old, in colour and be passport size.

Passport photos may be obtained from:

- selected chemists
- post offices
- a digital camera
- camera and photo developing stores.

Attach photos with a paperclip only to page 4. Do not staple, pin or glue photograph to the application form.



Please forward your completed application form, your two passport photos (one signed) and any attachments by:

Post: Taxi Subsidy Scheme
Department of Transport and Main Roads
PO Box 13347
BRISBANE QLD 4003

Email: tssu@translink.com.au

For information about the TSS or to obtain an application form:

Phone - 1300 134 755

Department's website - www.tmr.qld.gov.au/tss, then click the link to TransLink's website.

Queensland Government

Taxi Subsidy Scheme Application

Part A - To be completed by the applicant or their carer/agent

Please ensure pages 3 and 4 are completed. Applicant's details (please print clearly)

Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other ☐ ▶

First name | Middle name | Family name | Date of birth (/ /)

Current residential address

Postcode

Postal address (if the same as the residential address, write 'as above')

Postcode

Home number | Mobile number | Email address

Do you identify as Aboriginal? No ☐ Yes ☐

Do you identify as Torres Strait Islander? No ☐ Yes ☐

Do you currently drive a motor vehicle? No ☐ Yes ☐

Do you travel in a wheelchair when travelling in a taxi? Always ☐ Never ☐

What form of transport are you using at present?

Bus ☐ Family/ friends ☐ Own car ☐ Taxi ☐ Train ☐ Other ☐ ▶ Specify

Have you previously applied for the TSS? No ☐ Yes ☐

Applicant's or carer/agent's declaration

I declare that:

· the information provided in this application is complete, true and correct in every detail.

I authorise:

· assessors from Queensland Health or the department to contact my doctor, health professional or service provider (if required) for further information or clarification relevant to my medical condition
· the release of personal information to other relevant government agencies such as Births, Deaths and Marriages, Queensland Health and the National Disability Insurance Agency for verification of the information provided.

I understand:

· there are penalties for providing false or misleading information
· my doctor or other health professional is required to provide information set out in the application to enable assessment of my application to the department
· I must observe the conditions governing the granting of the subsidy and acknowledge that misuse of my TSS smartcard will lead to my withdrawal from the scheme and/or legal action or other penalties imposed by the department under the *Transport Operations (Passenger Transport) Regulation*.
· costs associated with the completion of this form and photos are my responsibility.

Applicant's signature | Date (/ /)

If applicant is unable to sign provide carer/agent details below

First name | Middle name | Family name

Current residential address

Postcode

continued page 4...

Taxi Subsidy Scheme Application Part A (continued)

Attach photos here

Carer/agent details continued...

Home number

Mobile number

Email address

Agent/Carer's signature

Date / /

Relationship to applicant

Declaration by witness of photograph

The witness must be satisfied that the photographs represent the applicant's true identity before completing the below section. Your name and signature will only be used by the department for the purposes of this application and will not be used or disclosed to a third party without your consent unless required by law.

I declare that I meet the requirements to make this declaration. I am satisfied that the photograph witnessed by myself represents the applicant's true identity.

Tick one box: ☐ Health Professional ☐ Justice of the Peace or Commissioner of Declarations ☐ Police Officer ☐ Solicitor, Barrister or Judge ☐ Pharmacist

Full name of witness (please print)

Signature of witness

Date / /

Privacy statement

The department collects the information on this form to enable assessors from Queensland Heath and the department to assess your eligibility for TSS membership as authorised by the *Transport Operations (Passenger Transport) Regulation*. As set out in the declaration above, the information you provide may be verified with other relevant government agencies to satisfy the requirements of s.95 of the *Transport Operations (Passenger Transport) Regulation* and s55 of the *National Disability Insurance Scheme Act*. Upon approval of your application, your name, membership number, address, photograph and image will be used by the department's contractor for the sole purpose of providing you with a TSS smartcard. The department will not disclose your personal information to any other third party without your consent unless required or authorised to do so by law.

Taxi Subsidy Scheme Application Part B

To be completed by Health Professional. Please ensure all relevant sections are completed.

Guidelines for health professionals

- please ensure Part A has been completed by the applicant or their carer/agent
- advise applicant of requirement for two photographs (one certified)
- if requested, certify one photograph and complete witness declaration on page 4
- answer all questions 1-9 below
- select the appropriate eligibility category below
- complete details for the selected category in Part C as indicated below
- stamp or print contact details clearly
- information provided with previous applications is not available for assessment of this application.

1. Diagnosis or diagnoses relevant to this application | Date of onset

2. Please provide a summary of clinical management (for example, medications, physiotherapy, surgery)

3. Is surgery being considered? Please provide approximate date, surgeon's name and medical facility if known.

4. Please provide details of community services currently accessed

5. Do you consider the applicant has a severe disability? No ☐ Yes ☐ Unsure ☐

6. Is the applicant's disability expected to: Deteriorate ☐ Improve ☐ Remain stable ☐

7. Is this the first consultation? No ☐ Yes ☐

8. For approximately how long has this applicant been in your care? (for example, five years or two months)

9. Does the applicant's disability require them to travel in a wheelchair when using taxis?
Always ☐ Never ☐

Indicate one category for this application - please tick.

Category 1 ☐ ▶ dependence on a wheelchair ..... Complete page - 6
Category 2 ☐ ▶ severe ambulatory problems ..... Complete page - 6
Category 3 ☐ ▶ severe visual impairment ..... Complete page - 7
Category 4 ☐ ▶ uncontrollable epilepsy ..... Complete page - 8
Category 5 ☐ ▶ severe intellectual impairment ..... Complete page - 9
Category 6 ☐ ▶ severe psychiatric or behavioural disorder ..... Complete pages - 10-11

Categories 1 and 2 - Severe Mobility Impairment

Categories 1 and 2 must be completed by a General Practitioner, Registered Nurse, Physiotherapist, Occupational Therapist or Specialist

Symptoms limiting mobility

Note: Please attach copies of relevant existing reports which support the severity of the above symptoms. This clinical information is required for assessment (reports such as, TUG score, X-Ray, CT scan, Spirometry, Echo, ACAT, mobility assessment - physio, OT or specialist reports).

Please list reports below and attach to the application form.

Is the applicant able to stand independently from sitting?
No ☐ Yes ☐

Can the applicant ascend and descend three steps independently (using a hand rail)? No ☐ Yes ☐

Does the applicant use a mobility aid?
No ☐ Yes ☐ Where is the aid used?
Indoors ☐ Outdoors ☐

What is the frequency of use?
Always ☐ Occasionally ☐

Describe the type of mobility used (for example, scooter, wheelchair, crutches, walker, single point stick, quad stick)

How far can the applicant walk before needing to rest due to the severity of symptoms?

Independently without aid	With mobility aid
metres	metres

Does the applicant require assistance from another person for all mobility? Please specify:
No ☐ Yes ☐

Does the applicant's disability require them to travel in a wheelchair when using taxis?
Always ☐ Never ☐

Does the applicant have severe intellectual impairment/dementia?
No ☐ Yes ☐ Please complete category 5 (page 9)

Applicant's General Practitioner's details (if not completing this form)

Name | Telephone number

Health Professional's details (Please tick your health profession and provide your details)

General Practitioner ☐ Occupational Therapist ☐
Registered Nurse ☐ Physiotherapist ☐
Specialist ☐ Specialty

Name | Telephone number

Email address

Fax number | AHPRA number

Declaration

I declare that the information provided in this application is complete, true and correct in every detail. I understand that the department is collecting the information to enable assessors from Queensland Health and the department to assess the eligibility of the applicant for membership of the TSS. Your name and signature will only be used by the department for the purposes of this application and will not be used without your consent unless required by law.

Signature | Date / /

Address or stamp

continued next column...

Category 3 - Visual Impairment

Category 3(i) must be completed by the applicant or carer/agent if you receive a Disability Support Pension (Blind).

Please tick which concession card you receive and attach a copy of your current concession card to this form.

Centrelink Blind Concession Card (blind) ☐

Veterans' Affairs Concession Card (blind) ☐

Category 3(ii) must be completed by an Ophthalmologist or Optometrist if the applicant does not receive a Disability Support Pension (Blind)

Please attach the most recent report from the Ophthalmologist or Optometrist.

Visual acuity (without glasses)

(R)6/	(L)6/

Date of last assessment

/ /

Visual acuity (with glasses)

(R)6/	(L)6/

Have visual fields been tested? No ☐ Yes ☐

Please detail

Does the severity of visual impairment approximate the requirement for a Disability Support Pension (Blind)?

No ☐ Yes ☐ Please provide details below

- visual acuity <6/60 both eyes on the Snellen Scale after correction by suitable lenses
- field of vision constricted to 10 degrees or less of arc around central fixation in the better eye irrespective of corrected visual acuity.

Has the applicant been reviewed in the last 12 months?

No ☐ Yes ☐ Date / /

Where did the last consultation take place? (for example, hospital OPD, private practice clinic, private rooms)

Does the applicant have severe mobility impairment?

No ☐ Yes ☐ Please complete category 2 (page 6)

Does the applicant's disability require them to travel in a wheelchair when using taxis?

Always ☐ Never ☐

Health Professional's details (Please tick your health profession and provide your details)

Ophthalmologist ☐ Optometrist ☐

Name

Telephone number

Email address

Fax number

AHPRA number

Declaration

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Signature

Date / /

Address or stamp

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Category 4 - Epilepsy

Applications may be completed by a General Practitioner or Medical Specialist

Epilepsy

Type/description of seizure

Please provide a copy of the most recent Neurologist's report.

How many seizures has the applicant had in the last three months?

Date of last seizure / /

Is there loss of consciousness? No ☐ Yes ☐

Is there altered or impaired consciousness?
No ☐ Yes ☐

Please provide details

Has the applicant been reviewed by a specialist in the last 12 months? No ☐ Yes ☐

Last review date / /

Specialist's name

Specialty

Telephone number

Where did the last consultation take place with this specialist? (for example, hospital OPD, private practice clinic, private rooms)

Does the applicant's disability require them to travel in a wheelchair when using taxis?
Always ☐ Never ☐

Health Professional's details (Please tick your health profession and provide your details)

General Practitioner ☐ Medical Specialist ☐

Name

Telephone number

Email address

Fax number

AHPRA number

Declaration

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Signature

Date / /

Address or stamp

continued next column...

Category 5 - Severe Intellectual Impairment (including dementia)

Category 5 must be completed by a Medical Practitioner, Registered Nurse, Physiotherapist or Occupational Therapist

Can the applicant travel independently on public transport? No ☐ Yes ☐

Please complete questions **A** to **J** below.

A. Degree of disability

Mild ☐ Moderate ☐ Severe ☐ Profound ☐

Note: Staple relevant information to the application (for example, MMSE Score, RUDAS, ACFI PAS, ACAT assessment) and provide name and contact details of Paediatrician, Physician, Geriatrician on page 9.

B. Mobility

Independent? No ☐ Yes ☐

Please describe

C. Behaviour

Please describe

D. Is the applicant at risk when using public transport? No ☐ Yes ☐

Please describe

E. Safety of others

Does the applicant's behaviour put the safety of others at risk? No ☐ Yes ☐

Please describe

F. Activities of daily living

Independent ☐ Requires supervision ☐ Requires assistance ☐

Please describe

G. Education/Employment

Please comment on skills (for example, literacy, numeracy, money handling)

Workplace/school attended (current or previous)

H. Has an Individual Education Plan (IAP) or an Education Adjustment Profile (EAP) been completed? No ☐ Yes ☐

Ascertainment level (if available)

I. Does the Department of Education, Training and Employment provide school transport for this applicant? No ☐ Yes ☐

J. Does the applicant receive Disability Services Queensland funding/lifestyle package/supported accommodation? No ☐ Yes ☐

Please describe

K. Does the applicant's disability require them to travel in a wheelchair when using taxis?

Always ☐ Never ☐

Health Professional's details (Please tick your health profession and provide your details)

Medical Practitioner ☐ Occupational Therapist ☐

Registered Nurse ☐ Physiotherapist ☐

Name | Telephone number

Email address

Fax number | AHPRA number

Declaration

I declare that the information provided in this application is complete, true and correct in every detail. I understand that the department is collecting the information to enable assessors from Queensland Health and the department to assess the eligibility of the applicant for membership of the TSS. Your name and signature will only be used by the department for the purposes of this application and will not be used without your consent unless required by law.

Signature | Date / /

Address or stamp

Category 6 A - Severe Psychiatric Disorder

Applications must be completed by a Psychiatrist

Severe Emotional Disorder
with gross disorganisation restricting independent management of daily activities

Can the applicant travel independently on public transport? No ☐ Yes ☐

Please confirm the diagnosis and comment on the severity of the disability (for example, level of disorganisation, challenging behaviour, assistance required).

A. Degree of disability

Mild ☐ Moderate ☐ Severe ☐ Profound ☐

Note: Staple relevant information to the application (for example, Life Skills Profile, K10, recent psychiatrist report) and provide name and contact details of Paediatrician, Physician, Geriatrician and so on.

B. Mobility

Independent? No ☐ Yes ☐

Please describe

C. Behaviour

Please describe

D. Is the applicant at risk when using public transport? No ☐ Yes ☐

Please describe

E. Safety of others

Does the applicant's behaviour put the safety of others at risk? No ☐ Yes ☐

Please describe

F. Activities of daily living

Independent ☐ Requires supervision ☐ Requires assistance ☐

Please describe

G. Education/Employment

Please comment on skills (for example, literacy, numeracy, money handling)

Workplace/school attended (current or previous)

H. Does the applicant receive Disability Services Queensland funding/lifestyle package/supported accommodation? No ☐ Yes ☐

I. Does the applicant's disability require them to travel in a wheelchair when using taxis?

Always ☐ Never ☐

Psychiatrist details (please print)

Name

Contact phone number

Email address

Fax number

AHPRA number

Declaration

I declare that the information provided in this application is complete, true and correct in every detail. I understand that the department is collecting the information to enable assessors from Queensland Health and the department to assess the eligibility of the applicant for membership of the TSS. Your name and signature will only be used by the department for the purposes of this application and will not be used without your consent unless required by law.

Signature

Date / /

Address or stamp

Note: Initial approval under Category 6 A is available for a period of 12 months. After this time a further application will be required.

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Category 6 B - Organic Brain Syndrome
Severe behaviour disorder restricting independent management of daily activities

Must be completed by a Medical Practitioner

Can the applicant travel independently on public transport? No ☐ Yes ☐

Please describe disability

A. Degree of disability

Mild ☐ Moderate ☐ Severe ☐ Profound ☐

Note: Staple relevant information to the application (for example, Life Skills Profile, K10, recent psychiatrist report) and provide name and contact details of Paediatrician, Physician, Geriatrician and so on.

B. Mobility

Independent? No ☐ Yes ☐

Please describe

C. Behaviour

Please describe

D. Is the applicant at risk when using public transport? No ☐ Yes ☐

Please describe

E. Safety of others

Does the applicant's behaviour put the safety of others at risk? No ☐ Yes ☐

Please describe

F. Activities of daily living

Independent ☐ Requires supervision ☐ Requires assistance ☐

Please describe

G. Education/Employment

Please comment on skills (for example, literacy, numeracy, money handling)

Workplace/school attended (current or previous)

H. Does the applicant receive Disability Services Queensland funding/lifestyle package/supported accommodation? No ☐ Yes ☐

I. Does the applicant's disability require them to travel in a wheelchair when using taxis?

Always ☐ Never ☐

Medical Practitioner details (please print)

Name | Telephone number

Email address

Fax number | AHPRA number

Declaration

I declare that the information provided in this application is complete, true and correct in every detail. I understand that the department is collecting the information to enable assessors from Queensland Health and the department to assess the eligibility of the applicant for membership of the TSS. Your name and signature will only be used by the department for the purposes of this application and will not be used without your consent unless required by law.

Signature | Date

/ /

Address or stamp

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