



Disabled Freedom Pass Application Form

Concessionary Travel Team

Are you renewing your Freedom Pass? yes no

If **yes** please give previous Freedom Pass number:

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PART A - PERSONAL DETAILS – to be completed by all applicants

Title (Mr/Mrs/Miss/Ms) _____ Surname _____

First names(s) _____

Date of Birth _____ Age: _____

Address _____

Postcode _____ Email address _____

Telephone _____ Mobile _____

National Insurance number _____

***Proof of Residence and Identity will be required to process your application for a Freedom Pass.**

ETHNICITY

***This information is for statistical monitoring purposes and will in no way affect your application.**

White British White Irish White Eastern European
Other White background: please specify _____

Black British Black Caribbean Black African
Other Black background: please specify _____

Indian Pakistani Bangladeshi
Other Asian background: please specify _____

Chinese Any other: please specify _____

Please indicate which of the following transport services you hold / use:

Older Person's Freedom Pass Taxi Card

Blue Badge Other: please specify _____

PART B - ABOUT YOUR HEALTH / DISABILITY - to be completed by all applicants

Under which category are you applying for a Freedom Pass?

Adult with Physical Disability Child with Disability

Adult with Learning Disability

Other: Please specify _____

What are the medical names for your disability?

How long have you had this disability?

years _____ months _____ from birth _____

If under 12 months, how long? _____

How often is your ability to use public transport affected in this way?

all the time sometimes how often? _____

Are you working? full time part time no

If no, when was the last time you worked? _____

Why did you stop working? _____

Is there anything else you would like to tell us about your disability?

Please give details below of a **healthcare professional** who knows your disability issues and who may be contacted for more information if required.

Title (Dr/Prof/Mr/Mrs/Miss/Ms) _____ Full name _____

Telephone _____ Email _____

This person is your:
General Practitioner District Nurse Occupational Therapist

Physiotherapist Consultant Other: please specify _____



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If you have a **Social Services Officer** please give their details:

Title (Dr/Prof/Mr/Mrs/Miss/Ms) _____ Full name _____

Address _____

Postcode _____ Telephone _____ Email _____

This person is your:

Social Worker Care Manager Occupational Therapist

Other: please specify _____

PART C – AUTOMATIC ELIGIBILITY CRITERIA

Are you in receipt of the Higher Rate Mobility Component of the Disability Living Allowance or PIP (scoring 8 or above in the 'moving around component')?

Yes No

Are you in receipt of the War Pensioners' Mobility Allowance?

Yes No

If you receive either of the above benefits you **must** provide proof of your entitlement dated within the last **12 months**

Are you registered as Blind or Partially Sighted with Merton?

Yes No

If you are registered blind or partially sighted with another borough please specify which one: _____

If you are registered blind you must enclose evidence of registration with the local authority or a BD8/CVI. If you are not registered blind or partially sighted with Merton you **must** provide a copy of your Ophthalmologists Report with this application Form.

PLEASE NOTE: If you have ticked **YES** to any question in **PART C** and you can attach proof with this application form and proceed to **PART E – DECLARATION**. Sign and date the form as required.

If you have ticked **NO** to the questions in **PART C** please continue on to **PART D – OTHER ELIGIBILITY CRITERIA**

PART D – OTHER ELIGIBILITY CRITERIA

If you do **NOT** automatically qualify for the Disabled Persons Freedom Pass, you may need to attend the office for an interview and assessment of eligibility.

Please only complete the sections that apply to you:

1. Hearing and Speech Impairments.

Are you Profoundly or Severely Deaf? Yes No
 (This would mean a hearing loss of at least 70dBHL)

Do you wear a hearing aid? Yes No

Is your hearing still less than 70d BHL with your hearing aid? Yes No

***An Audiology Report confirming this will be required to process your application.**

Are you without speech? Yes No

(This would mean you are unable to make clear basic oral requests. This does not include people who have slow speech or a speech impediment such as a stammer. This does not include people who do not speak English but can communicate orally in another language.)

Are you known to the Merton Sensory Impairment Team? Yes No

2. Mobility/Walking Impairments.

Is your disability "substantial and permanent"? Yes No

If yes, how long are you able to stand for? _____

How far can you normally walk in metres or yards? _____
 (This includes using any walking aids);

What stops you from walking further?

Can you climb steps and stairs? Yes No

Can you get in and out of chairs/WC/
Bath/bed alone? Yes No

Do you use a powered wheelchair? Yes No

Do you use a manual wheelchair? Yes No

Are you reliant on someone else to
Push you in your wheelchair? Yes No

Do you have an artificial leg? Yes No

Please tick the boxes that apply:

I use a walking frame sometimes always

I use a walking stick sometimes always

I use crutches sometimes always

I use other walking equipment (please specify) _____

I use this equipment sometimes always

Can you travel on your own? Yes No

If no why not? _____

Can you get in and out of cars/buses/trains without assistance?

yes no

Do you live alone? yes no

Do you do your own housework/shopping/meal preparation?

yes no

Is there anything else you would like to tell us about your mobility issues?

3. Without The Use Of Both Arms

Are you without the use of both arms? yes no

Is this as a result of accident or from birth? _____

4. Learning Disability

Do you have a learning disability? This is: "...a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning"

yes no

Are you registered with the Merton Team for People with Learning Disability?

yes no

*If no you will need to provide medical proof of your condition and be assessed and registered by Merton before your application can be processed.

Is this a cognitive impairment as a result of injury or a life long condition?

5. Conditions Which Would Prevent You Obtaining A Driving Licence

Would you be refused a driving licence if you applied for one (for reasons other than the persistent misuse of drugs or alcohol)?

Yes no

a) Epilepsy

Do you suffer from Epilepsy?

Yes no

What yes what type of Epilepsy do you have? _____

How often do you have seizures? _____

What medication do you take to control your condition?

b) Other Conditions

Do you have any other condition that means you cannot operate a vehicle without being a danger to yourself or others?

PART E – DECLARATION - to be completed by all applicants

- 1) I confirm that the details given above are true and accurate to the best of my knowledge and I accept that the council may make further enquiries or assessments to satisfy itself that the details provided on this form are true.
- 2) Should any changes occur in my mobility needs I will inform my local Council immediately. I also understand that you may prosecute me if I have knowingly given any information on this form that is wrong or untrue.
- 3) I enclose proof of my eligibility as requested in PART A or PART C (if applicable) of the Freedom Pass Application Form.
- 4) I also enclosed proof of my **identity** and **residence** and attached 1 recent passport sized photograph of myself, with my name printed on the back.

I authorise my nominated healthcare professional and/or other Social Services staff to disclose any necessary information for the purpose of assessing my eligibility for a Freedom Pass. I understand that you may use details of my journeys for statistical purposes and to improve the future planning of services. Personal details will be removed from this data in order to protect the identity of individuals.

I understand that you will use the personal information I have given in line with the Data Protection Act 1998 to consider my Freedom Pass application.

PLEASE RETURN FORM TO:
Concessionary Travel Team
London Borough of Merton
Merton Civic Centre
London Road
Morden
SM4 5DX



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Applicant's signature _____

Date _____

If you are unable to sign the declaration yourself it may be signed on your behalf by your relative/spouse /person of authority/friend. If you are under 16 years of age your parent or legal guardian must sign this form.

Signature of authorised person _____

Print forename _____ Surname _____

Relationship to applicant _____

Address _____

Postcode _____ Telephone _____

Date _____

OFFICE USE ONLY

Freedom Pass agreed? Yes No

If refused give reason: _____

Authorised by:

Signature _____ Date _____