

Application for Total Mobility Scheme



About this form

The Total Mobility Scheme is a national transport scheme that provides subsidised taxi fares for eligible people with a permanent or short-term impairment that prevents the safe use of public transport.

Applicant details

Name:
First name Second name Last name

Title: Date of birth:
Mr Mrs Ms

Residential address:
Street No. Street City

Postal address:
Street No. Street City

If different from above

Telephone: Mobile:

Email:

Alternative contact person

Name:
First name Second name Last name

Relationship to you:

Telephone: Mobile:

Residential Address:
Street No. Street City

Email:

Eligibility assessment

The following sections must be completed by your doctor, specialist or accredited assessor. They must be familiar with the medical eligibility guidelines before carrying out an assessment of an applicant. Please refer to the Handbook for Assessment Facilitators (available on Council's website) when undertaking the assessment. The assessor must complete each section and sign the declaration before an applicant's application will be considered.

An eligible person must have an impairment that prevents them from undertaking any one or more of the following five components of a journey unaccompanied, on a bus, train or ferry in a safe and dignified manner.

1. Are you able to complete the following tasks?

	Yes	No	Sometimes
Get to the place where the transport departs (bus)			
Get on to the transport (bus)			
Ride securely			
Get off the transport (bus)			
Get to the final destination point			

2. Which of these categories best describes the general nature of your impairment?

	Yes	No		Yes	No
Physical			Sensory		
Intellectual			Neurological		
Psychological			Other (please specify)		

3. Do you use any of the following mobility aids?

	Always	Sometimes	Never
Manual wheelchair			
Motorised wheelchair			
Mobility scooter			
Walking frame			
Walking stick			
Guide dog			
White cane			
Travelling companion/buddy			
Other (please specify)			

4. Do you receive assistance with travel costs directly from any of the following organisations?

- ACC** (Accident Compensation and Rehabilitation Insurance Corporation) Yes No
- Work and Income NZ** (Disability or Special Disability Allowance) Yes No
- Workbridge** (Financial assistance for transport to attend training courses) Yes No
- Any other source** (private insurer etc) Yes No

If you answered **yes** to any of the above, please explain the purpose of funding:

5. Which best describes your impairment?

- Permanent Yes No
- Temporary (has or is likely to last 6 months or less) Yes No
- Fluctuating - permanent Yes No
- Fluctuating - temporary Yes No

If your impairment is **temporary**:

What date were you affected from?

Please indicate how long you will need Total Mobility assistance: Start date:

End date:

Your reassessment date will be?

Do you require the use of a wheelchair hoist? Yes No

Are you able to use a low-floor bus if available? Yes No

Voucher allocation

On average, how often will you use Total Mobility vouchers?

5-7 times a week 2-4 times a week Once a week Once or twice a month Hardly ever

Please estimate the number of one-way trips each month that you would like to request for Total Mobility assisted transport?

Less than 1 2-4 5-10 10-15

Agency details

Name of agency:

Agency address:
Street No. Street City

Name of assessor:

Date of assessment: Telephone:

Identification photo

Your photo will be taken when you lodge your application at Gisborne District Council. If you are unable to visit Council to have your photo taken please provide contact details:

Telephone: Email:

Address:

Statistical information

The following information is requested to enable Council to report on the Total Mobility Scheme and for planning purposes. Statistical information will not be used to assess your eligibility for the scheme, and will not identify you as an individual user. This section is optional, but your cooperation in providing us with this information would be greatly appreciated.

Gender: Male Female

Age group: 0-12 years 12-19 years 20-29 years 30-64 years 65 years and over

Ethnicity: New Zealand European New Zealand Māori Pacific People

Other European Please specify
Other Please specify

Work: Full-time work Part-time work Voluntary work Superannuitant

A student (primary/secondary/tertiary) Please specify

A beneficiary (please specify type of benefit received) Please specify

Other Please specify

Have you used the Total Mobility scheme before? Yes No

If you answered 'yes', how long have you used Total Mobility for?
Less than 1 year 1-2 years 2-5 years More than 5 years

Applicant declaration

1. I declare that the information provided in this application is true and accurate to the best of my knowledge.
2. I have never been refused access to the Total Mobility scheme in any region in the past due to fraudulent abuse of the scheme.
3. I undertake to use my Total Mobility vouchers according to the guidelines set by the Gisborne District Council.
4. I understand that if I fraudulently abuse the Scheme, my access to the Scheme will be withdrawn and I may be liable for prosecution.
5. I understand that the number of Total Mobility trips I am allocated in the future will be based on actual use.
6. I understand that I may not always be allocated the total number of trips I have requested (allocation depends on budgetary approval).

Applicant declaration (continued)

7. I understand that the information provided on the assessment form will be used to establish my eligibility for the Total Mobility Scheme, and for statistical and research purposes which will not identify me as an individual. Only Gisborne District Council Total Mobility staff and supporting agency staff will have access to personal information. It may also be shared with representatives of Land Transport New Zealand or Audit New Zealand when they conduct official audits of the Total Mobility Scheme.
8. I understand that under the Privacy Act 1993, I am entitled to access the personal information about me which the agent or Gisborne District Council may hold.
9. I declare that I will notify the Total Mobility Coordinator, or my agency of any change of circumstance which may affect my eligibility for the Total Mobility Scheme.

Signature of applicant:
or representative if unable to sign

Date:

Assessor declaration

I declare that the statements made in this application have been recorded accurately and are true and complete to the best of my knowledge.

Signature of assessor:

Date: