



People may apply for the Scheme under more than one category. If there are multiple disabilities, it is important to include information on all medical conditions.

Each application is considered on its severity and on how a person's functional capacity to use a bus is affected.

Children under the age of ten, unless confined to a wheelchair, **are not eligible**.

### **Factors or conditions that will NOT be considered in your application:**

- Anti-social behaviour
- Vision impairment, **but not** legally blind
- Mobility problems that are episodic, whereby some days are considered bad days
- Availability of, or proximity to, public transport
- Length of journey/timetable problems; having to catch two or more buses, or bus timetables not convenient
- Ability to drive or ownership of a motor vehicle
- Social/employment factors
- Climatic/environmental factors
- Personal security issues
- Income levels
- Eligibility for other subsidy or pension schemes (including Veterans Affairs)

Conditions that are short term and expected to improve will be taken as temporary conditions, which will result in you being found ineligible for the scheme.

### **How do you apply?**

If you consider you may be eligible from the criteria listed above, then:

1. Complete Part A of the attached application form and **sign it**. If you wish to give further information please do so on a separate letter and attach it to your application.
2. Obtain **two passport sized photographs** (not more than 12 months old) and take these to your doctor for signing
3. Ask your doctor to complete Part B of the application form and sign one of the photographs. **The same doctor must sign both the application form and the photograph**
4. Send the completed application form and the two passport-sized photographs to:

TUSS  
Department of Transport  
GPO Box C102  
PERTH WA 6839

Information about the Scheme and an application form is available on the internet at:

[www.transport.wa.gov.au/taxis](http://www.transport.wa.gov.au/taxis)

If you have any queries or difficulties completing this form, please contact:

Passenger Services  
Department of Transport  
GPO Box C102  
PERTH WA 6839  
Tel: 1300 660 147 Fax: (08) 9218 3661  
TTY: 13 36 77

If you have a speech or hearing impairment please contact the National Relay Service on 13 36 77 and quote telephone number (08) 9216 8000.

Email: [passenger.services@transport.wa.gov.au](mailto:passenger.services@transport.wa.gov.au)

Website: [www.transport.wa.gov.au](http://www.transport.wa.gov.au)

**This form has two components, Parts A and B. Both must be fully completed before your application can be assessed.**

**Part A - to be completed by you**

*If you do not complete all of this section, this form will be found ineligible for processing and your photographs will be returned to you.*

**Part B - to be completed by your doctor**

*If your doctor does not complete all of this section, this form will be found ineligible for processing and your photographs will be returned to you.*

Attach  
passport  
sized photo  
signed by  
your doctor  
here

Attach  
passport  
sized photo  
here

Please use staples or adhesive tape to attach photographs.

**DO NOT** use glue or paper clips.

## Part A: Applicant to Complete - ALL SECTIONS MUST BE COMPLETED

### About You \_\_\_\_\_

Your title (e.g. Mr,Mrs,Ms) \_\_\_\_\_ Family name \_\_\_\_\_

First name \_\_\_\_\_

Date of birth \_\_\_\_\_

Telephone number (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Postal Address \_\_\_\_\_  
(including institution  
if applicable) \_\_\_\_\_

Postcode \_\_\_\_\_

### Details of Careperson/next of kin

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Are you a permanent resident of Western Australia

Yes

No

(please provide a copy of your pension card/disability card/drivers licence or residency visa and a utility bill)

### APPLICATION CHECKLIST - IS YOUR APPLICATION COMPLETED IN FULL?

- Have you answered all the questions?
- Have you attached 2 recent passport sized photographs?
- Has your doctor signed at least one of the photographs?
- Has your doctor completed all sections about your medical condition?
- Have you signed and dated the form?
- Has your doctor signed and printed their name and address on the form?

**Please note:** Application forms that are completed in full will allow timely processing.

If you are unsure, ask a friend or relative to help you.

Post completed application forms to:

**TUSS, Department of Transport, GPO Box C102, PERTH WA 6839**

**ALL QUESTIONS ON THIS PAGE MUST BE COMPLETED BY THE APPLICANT**

**1. Driving**

a) Do you have a driver's licence? Yes  No

b) Do you drive a motor vehicle? Yes  No

**2. What is your current mode of transport?**

**3. Are you able to use a bus?**

Always  Usually  Sometimes  It depends  Never

If you ticked Sometimes, It depends or Never, please explain why you have difficulty using a bus

  

**4. When did you last use a bus with steps?**

This week  This month  1-6 months

6-12 months  1 year +  5 years +

**5. Mobility/Walking:**

a) What is your approximate independent maximum walking/mobilising distance? \_\_\_\_\_ metres  
(ie. without assistance from another person - Rest breaks are allowable)

b) Do you use a walking/mobility aid? Yes  No

If yes, please specify the type used

**6. Steps:**

a) Can you manage steps independently? Yes  No   
(ie. without assistance from another person)

b) What functional/health problems, limit your ability to manage steps and why?

**7. Moving from Sitting to Standing Positions:**

a) Can you move independently from standing to sitting, and from sitting to standing?

Yes  No

b) What functional/health problems, limit your ability to move from sitting to standing and why?


**8. Do any of the following reasons prevent you from using a bus?**

No bus service available  Inadequate timetables  Bus takes too long

Bus stop too far away  Terrain too hilly  Busy road to cross

Need to catch 2 or more buses  Children to manage  Do not feel safe

**Applicant's statement and authority**

If you are unable to sign, please get a careperson/next of kin to sign on your behalf.

1. I certify that the information I have provided is true and correct
2. I hereby authorise my doctor, psychiatrist or allied health professional to provide the relevant medical, psychiatric or allied health information required by the Department for the assessment of this application.
3. If this application is approved, I undertake to observe the conditions of membership of the Scheme and acknowledge that any misuse of the concession provided may lead to cancellation of membership and/or legal action or other penalties imposed by the Department

**FAILURE TO COMPLETE PART A OR B IN FULL WILL RENDER THIS APPLICATION INELIGIBLE FOR PROCESSING AND YOUR PHOTOGRAPHS WILL BE RETURNED TO YOU WITH A LETTER ADVISING YOU OF THIS DECISION**

**Applicant's signature**  
(or next of kin/careperson  
if applicant is unable to sign)

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If signed by next of kin/careperson  
please print full name

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**Date**

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# Part B: Medical Practitioner **ONLY** to Complete

## Eligibility

The Taxi Users' Subsidy Scheme is available to people who have a **severe permanent disability** that will **always** prevent them using a conventional public transport bus service.

**Please complete this section and provide all relevant information and please remember to certify/sign one of the applicant's passport-sized photographs.**

**FAILURE TO COMPLETE PART A OR B, IN FULL, WILL RENDER THIS APPLICATION INELIGIBLE FOR PROCESSING**

## CURRENT MEDICAL CONDITIONS AFFECTING MOBILITY

### Section I. Mobility Disability \_\_\_\_\_

#### Diagnosis I:

a. Condition: \_\_\_\_\_ Date of onset: \_\_\_\_\_

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b. What are the functional mobility issues relating to this diagnosis that affects bus usage?


c. Is the applicant undergoing any treatment or rehabilitation to improve their functional mobility?

Yes  No

*If yes, please give details below:*


d. Is surgery being considered: Yes  No

If yes, please advise whether the applicant has been referred to or seen by a specialist or is currently on a waiting list?

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e. Is the applicants disability likely to: Deteriorate  Improve  Stay the Same

If the applicant is likely to improve, when do you expect the person to have stabilised or regained enough function to use a conventional public transport bus service? In \_\_\_\_\_ months

## Section I. Mobility Disability continued

### Diagnosis 2:

a. Condition: \_\_\_\_\_ Date of onset: \_\_\_\_\_

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b. What are the functional mobility issues relating to this diagnosis that affects bus usage?


c. Is the applicant undergoing any treatment or rehabilitation to improve their functional mobility?

Yes  No

*If yes, please give details below:*


d. Is surgery being considered: Yes  No

If yes, please advise whether the applicant has been referred to or seen by a specialist or is currently on a waiting list?

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e. Is the applicants disability likely to: Deteriorate  Improve  Stay the Same

If the applicant is likely to improve, when do you expect the person to have stabilised or regained enough function to use a conventional public transport bus service? In \_\_\_\_\_ months

### Diagnosis 3:

a. Condition: \_\_\_\_\_ Date of onset: \_\_\_\_\_

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b. What are the functional mobility issues relating to this diagnosis that affects bus usage?


c. Is the applicant undergoing any treatment or rehabilitation to improve their functional mobility?

Yes  No

Questions continue 

If yes, please give details below:


d. Is surgery being considered: Yes  No

If yes, please advise whether the applicant has been referred to or seen by a specialist or is currently on a waiting list?

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e. Is the applicants disability likely to: Deteriorate  Improve  Stay the Same

If the applicant is likely to improve, when do you expect the person to have stabilised or regained enough function to use a conventional public transport bus service? In \_\_\_\_\_ months

### Other Relevant Medical History which impacts on bus usage:

Condition: Date of onset: Impact on mobility:

Condition:	Date of onset:	Impact on mobility:

### Assistance Requirements

a. Does the applicant use a walking aid? Yes  No

*If yes, what type of walking aid*

Walking frame/rollator  Tripod/quadcane   
Crutches  Walking Stick  Other aid  \_\_\_\_\_

b. Does the applicant require other forms of assistance for walking (eg an attendant)?

*If yes, please describe the level of assistance required.*


c. Does the applicant use a wheelchair/scooter? Yes  No

*If yes, which type does the person use?*

Manual wheelchair  Electric wheelchair  Scooter

d. How often is the wheelchair/scooter used?

Always  Outside use/longer distances only  Occasional use

e. Can the applicant use the wheelchair/scooter?

Independently (ie travels alone)  With assistance (ie assistant to push wheelchair)

Questions continue ►

## Section 2 - Vision Disability

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- a. Specific diagnosis of visual impairment (if known)

b. **Visual Acuity**

What is the applicant's best corrected visual acuity using the Snellen scale?

Right eye

Left eye

c. **Visual Fields**

Please give details of any visual loss (total diameter of field remaining, in degrees).

Right eye

Left eye

Does the applicant meet the eligibility criteria for legal blindness? Yes  No

*If yes, please provide photocopies of documentation to support legal blindness*

## Section 3 - Cognitive/Intellectual Disability

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**Diagnosis:**

- a. Condition: \_\_\_\_\_ Date of onset: \_\_\_\_\_

<input type="text"/>	<input type="text"/>
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- b. What are the functional issues relating to this diagnosis that affect bus usage?

<input type="text"/>
<input type="text"/>

- c. Is the applicant undergoing any treatment or rehabilitation to improve their condition or function?

Yes  No

*If yes, please give details below:*

<input type="text"/>
<input type="text"/>

- d. What is the applicant's level of cognitive/intellectual disability?

Mild  Moderate  Severe

- e. Would the applicant require the constant assistance of another person to use a bus?

Yes  No

**Please supply relevant information to support the level of cognitive disability for example:**

Mini Mental Scale Evaluation (MMSE) score:  /30

Aged Care Assessment Team (ACAT) report:

Disability Services Commission (DSC) report:

Psychology or Occupational Therapy (OT) report:

## Section 4 - Applicant's Use of a Bus

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Does the applicant's disability prevent them from independently using a conventional public transport bus service?

Yes, always prevented

No - does not prevent bus usage

Yes, sometimes/mostly prevented

Do not know - unsure of impact on bus usage

Please provide any other information which you feel will be of help and assistance for our Assessors when they assess this application


**Medical Practitioner's Details** (please print clearly or use practitioner's stamp)

**I have examined the applicant and certify that to the best of my knowledge the information provided is true and correct.**

Signature

Given and family names

Address

  

Telephone number

(08)

Medical Board Registration Number

Medicare Provider number