



Transport for NSW

# Taxi Transport Subsidy Scheme

## Application Form



## 1. Eligibility check list

To be eligible for the Taxi Transport Subsidy Scheme you must:

- Be a permanent resident of Australia;
- Reside in NSW;
- Not be a member of a similar scheme in another Australian state or territory;
- Be over school age (preschool aged children, regardless of disability, are ineligible for inclusion in the scheme); and
- Have a severe and permanent disability in one of the specified categories listed below.

### Criteria – Ambulatory / Mobility / Functional

- (a) Unable to walk or stand. Mobile only with a wheelchair due to a physical disability; or
- (b) Restricted to walking inside the home. Mobile outside of home only with a wheelchair due to a physical disability; or
- (c) Severe and permanent ambulatory problem that cannot functionally be improved which limits walking to a distance of 20 metres or less without rest and also:
  - necessitates permanent use of a walking aid for all mobility; or
  - necessitates the constant assistance of another person for all mobility; or
  - is unable to independently ascend or descend three or more consecutive steps of 350mm height; or
- (d) Total and permanent functional loss of both upper limbs which renders the person incapable of travelling on public transport without the constant assistance of another person.

### Criteria – Visual Impairment

- (a) Total loss of vision in both eyes or severe permanent impairment of 6/60 or less in each eye; or
- (b) Field of vision reduced to 10° or less all round; or
- (c) Total loss of lower half field of vision which cannot functionally be improved by corrective lenses or other treatment; or
- (d) Homonymous hemianopia with significant mobility limitations.

### Criteria – Epilepsy

- (a) Severe and controllable epilepsy
  - Must experience more than 12 episodes a year;
  - Longest period between consecutive seizures must be 2 months or less;
  - Approved applications are subject to review every 2 years.

### Criteria – Intellectual Disability (Cognitive Impairment)

- (a) Severe permanent intellectual disability which renders the person incapable of travelling on public transport without the constant assistance of another person.
- (b) Severe cognitive or memory impairment such that the applicant:
  - Is unable to be aware of or communicate destination; or
  - Is unable to manage the payment of fares; or
  - Exhibits socially unacceptable behaviour.

### Criteria – Speech and / or Hearing

- (a) Severe and permanent communication difficulties necessitating the constant assistance of another person to use public transport.

## 2. How to apply

- a) Read, or have explained to you, the Terms and Conditions of the Taxi Transport Subsidy Scheme. You are required to download the full information booklet prior to completing your application either from the website or request it to be mailed out.

<https://transportnsw.info/taxi-subsidy-scheme>

- b) If you agree to the Terms and Conditions of the Scheme, complete **PART A** of this application form;
- c) Take the application form to your medical practitioner who will complete the remaining questions on the form (**PARTS B & C**); and
- d) Submit the completed application form to:

**Taxi Transport Subsidy Scheme**  
**PO BOX K659**  
**Haymarket NSW 1240**

Or

**Online:** <http://transportnsw.info/concessions-feedback>

Please note: Your eligibility in a similar scheme in another State or Territory does not make you automatically eligible in the NSW Scheme. Conversely, your eligibility in the NSW Scheme does not make you automatically eligible in a Scheme administered by another State or Territory.

## 3. Further information

For further information relating to the Taxi Transport Subsidy Scheme, contact Transport for New South Wales:

**Website:** <http://transportnsw.info/concessions-feedback>

**Phone:** **131500 and select option 5**

# Part A: To be completed by the applicant / carer



**Office Use Only**

Application ID:

Client ID:

## Section 1: Applicant's details – please use BLOCK LETTERS

Title (please tick)	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please specify)
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First name	Middle / other name

Last name

Date of birth (DD/MM/YYYY)	/	/	Gender (please circle)	Male / Female
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Medicare No.																Sequence / reference number (next to your name on your Medicare card)
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Residential address
<ul style="list-style-type: none"> <li>Must not be a post office box</li> <li>Enter the Property / Care facility / Retirement Home / Aged Care Home name plus the full address, including unit number</li> </ul>

Suburb	State	Postcode
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Postal address or "As above" if the same as your residential address		
Suburb	State	Postcode

Contact Details				
Home	Mobile	Work		
Email				
Preferred Contact Method (please circle)	POST / PHONE / EMAIL			

## Section 2: Alternate contact details (must be a parent or guardian if applicant is a minor)

Full Name	
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Contact Details					
Home		Mobile		Work	
Email					

Relationship to Applicant <i>Please tick (✓)</i>							
Spouse / Partner	<input type="checkbox"/>	Parent / Guardian	<input type="checkbox"/>	Carer	<input type="checkbox"/>	Son / Daughter	<input type="checkbox"/>
Friend / Neighbour	<input type="checkbox"/>	Brother / Sister	<input type="checkbox"/>	Other Family Member	<input type="checkbox"/>	Other	<input type="checkbox"/>

<i>(Please circle below)</i>	
(a) Does the alternate contact know they may be contacted by Transport for NSW?	YES / NO
(b) Are they primary / secondary contact?	Primary / Secondary
(c) Have they helped you complete this application form?	YES / NO
(d) Do you consent for us Transport for NSW to contact this person?	YES / NO

## Section 3: Residency

<i>(Please circle below)</i>	
The NSW Taxi Transport Subsidy Scheme is only available to permanent residents of Australia who must reside in NSW and who have a severe and permanent disability.	
(a) Are you a permanent resident of Australia?	YES / NO
(b) Do you reside in New South Wales?	YES / NO

## Section 4: Applicant's or carer / agent's declaration

Please ensure you have read or had explained to you, the Terms and Conditions of the Taxi Transport Subsidy Scheme on Transport for New South Wales.

- I have read or had explained to me, the Terms and Conditions of the Taxi Transport Subsidy Scheme on Transport for New South Wales.  
<https://transportnsw.info/taxi-subsidy-scheme>
- I accept the Terms and Conditions of the Taxi Transport Subsidy Scheme.
- I certify that the information provided for this application is true and correct.
- I authorise my doctor / specialist to provide (at my own expense) all relevant medical information required for the Taxi Transport Subsidy Scheme to assess this application.
- If approved, I agree to follow the Terms and Conditions of the Taxi Transport Subsidy Scheme. I acknowledge that misuse of travel entitlements will lead to the removal from the Scheme and could result in prosecution.
- I authorise Transport for New South Wales to manage all my information in this application in accordance with the *Privacy and Personal Information Protection Act 1998* (NSW) and the *Health Records and Information Privacy Act 2002* (NSW). Please read the Privacy of personal and health information in the enclosed TTSS Booklet or on the website <https://transportnsw.info/ttss-information-booklet> to fully understand how your personal information will be handled by Transport for NSW. The Privacy Notice explains what information is collected, how you may access and amend your personal information, and how Transport for New South Wales may use and disclose your personal information for the purposes of the Taxi Transport Subsidy Scheme.

Applications will be processed within 30 business days of receipt. If further information is required, the assessment process may be delayed. Unsuccessful applicants will be notified in writing by Transport for New South Wales.

Transport for New South Wales reserves the right to decline the application if you have previously been suspended or removed from the NSW Scheme or a similar scheme in another State or Territory.

I certify, that I have either read or had read to me the Terms and Conditions of the scheme and agree to the statements in the declaration above.

Applicant's signature	
Date (DD/MM/YYYY)	/ /

If the applicant is not capable of signing, the declaration is required to be signed by the alternate contact.

Name of person signing on behalf of the applicant	
Signature of person signing	
Date (DD/MM/YYYY)	/ /

**Please have your doctor complete the following relevant questions on this application form.**

## **Part B: To be completed by a medical practitioner**

### **Important information for medical practitioners**

**Please read carefully before completing Parts B & C of the application**

A person's eligibility is based on their medical / physical disability.

There are five categories for criteria eligibility to qualify for the scheme:

- Ambulatory / Mobility / Functional
- Visual Impairment
- Epilepsy
- Intellectual Disability
- Speech and / or Hearing

The subsidy is not available to individuals whose medical condition will improve. The scheme is in place to assist those with a permanent disability.

The following conditions do not automatically qualify you for the scheme:

- Ageing symptoms e.g. senility, frailty, dementia, functional weakness (unless accompanied by socially unacceptable behaviour); or
- The inability to use public transport; or
- Financial status; or
- Remoteness to public transport itself

**All questions** need to be completed to determine eligibility.

Incomplete applications will delay in receiving the benefits of the Scheme and the form will be returned for completion.

Further information may be requested from a specialist to support the application.

Part B must be completed by an approved Medical Practitioner as listed by the Medical Board of Australia, not limited to:

- General Practitioner
- Paediatrician
- Orthopaedic
- Prosthetist
- Optometrist
- Ophthalmologist
- Neurologist
- Neurosurgeon
- Psychiatrist
- Speech Therapist
- Speech-Language Pathologist
- Rheumatologist
- Specialist Surgeon
- Specialist Medical Oncologist

## Section 1: Medical background (Doctor to complete)

1.1. Patient's full name:

1.2. List all significant medical conditions:

Diagnosis	Date of onset or duration	Treatment (past, current and proposed)

1.3. Is the status of the Applicant's current overall condition: (*please circle*)

1.4. Is the applicant under the management of a specialist for their disability?  
**If you tick 'Yes', a specialist report must be provided with this application.**

Disability	Tick if yes	Type of specialist (e.g. Orthopaedic, Ophthalmologist)
Ambulatory / Mobility disability?		
Visual impairment?		
Epilepsy?		
Intellectual disability?		
Speech, Hearing, Functional disability?		

1.5. Are current or planned rehabilitation and/or treatment efforts expected to improve the applicant's ability to use public transport (buses / trains / ferries)? (*please circle*)

**Please ensure Part C: Medical Practitioner's Endorsement (page 15) is also completed**



## Section 2a: Ambulatory / Mobility (Doctor to complete)

2.1. What are the main conditions affecting the applicant's mobility and ability to use public transport (buses, trains, ferries)?


2.2. Does the applicant use a wheelchair outside of home for all mobility at all times due to a physical disability? (Note: An electric scooter is not considered a wheelchair) (*please circle*)

YES / NO
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If YES you do not need to answer Question 2.3

2.3. How many metres can the applicant walk outside of home, using a walking aid if necessary or oxygen tank, before needing to stop and rest?

Metres	
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**(Please circle below)**

(a) Does the applicant use a walking aid (stick, frame, walker, crutches) or oxygen tank for mobility when away from home?	YES / NO
(b) Does the applicant require the constant assistance of another person for all mobility?	YES / NO
(c) Does the applicant require assistance to ascend or descend three or more consecutive steps of 350mm height?	YES / NO

## Section 2b: Functional (Doctor to complete)

2.4 Does the applicant have total and permanent functional loss of both upper limbs? (*please circle*)

YES / NO
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Other Comments


**Please ensure Part C: Medical Practitioner's Endorsement (page 15) is also completed**

### Section 3: Visual impairment (Doctor to complete)

3.1. What are the main conditions causing the visual impairment?


3.2. Has the applicant been assessed as legally blind by an eye specialist? *(please circle)*

YES / NO
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3.3. If YES, a certificate or report from Ophthalmologist / Optometrist should be supplied. *(please circle)*

Is a report attached?	YES / NO
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3.4. What is the best - corrected visual acuity in each eye?

Right		Left	
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3.5. Is there any loss of Visual Fields? *(please circle)*

Right	YES / NO
Left	YES / NO

3.6. Degrees of reduction in field of vision?

	Degrees
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3.7. Is the applicant's condition treatable?

Please COMMENT


3.8. In the event of any significant abnormality in the applicant's visual acuity and / or field loss in both eyes, a recent ophthalmologist or optometrist report is required. The report should include visual field charts.

*(Please circle below)*

Is a report attached?	YES / NO
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**Please ensure Part C: Medical Practitioner's endorsement (page 15) is also completed**

## Section 4: Epilepsy (Neurologist to complete)

Neurologist's details			
Full Name			
AHPRA Registration no.			
Qualification			
Signature		Date (DD/MM/YYYY)	/ /

4.1. Does the applicant suffer from grand mal epilepsy? *(please circle)*

YES / NO
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4.2. Is the applicant fit to drive a motor vehicle? *(please circle)*

YES / NO
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4.3. When was the applicant's last seizure that impaired consciousness AND was followed by confusion for more than one minute?

Month		Year	
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4.4. In the last 12 months, how many seizures has the applicant suffered that impaired consciousness and were followed by confusion for more than one minute?

Number	
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4.5. What is the longest period between consecutive seizures which occurred in the last 12 months (meaning seizures with impaired consciousness and confusion lasting more than one minute)?

Months	
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4.6. What is the prognosis for recovery in the long term?


4.7. Is there concomitant intellectual disability? *(please circle)*

YES / NO
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If **YES**, please provide details in Section 5 (Intellectual Disability)

Other Comments


4.8 Is there ambulatory / mobility/ functional disability? *(please circle)*

YES / NO
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If **YES**, please provide details in Section 2 (Ambulatory / Mobility / Functional)

Other Comments


**Please ensure Part C: Medical Practitioner's endorsement (page 15) is also completed**

## Section 5: Intellectual disability (Doctor to complete)

5.1. What are the main conditions causing the applicant's intellectual disability?


5.2. Does the intellectual disability prevent the applicant from travelling alone on public transport (buses, trains, ferries) at all times? *(please circle)*

YES / NO
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If **YES**, please provide details of why the intellectual disability prevents the applicant from travelling alone?


5.3. Can the applicant:

<i>(Please circle below)</i>	
(a) Recognise the correct vehicles?	YES / NO
(b) Alight at the correct destination?	YES / NO
(c) Pay the correct fare?	YES / NO
(d) Communicate with transport staff?	YES / NO

5.4. If able to travel on public transport, are there any associated behavioural problems which may be considered socially unacceptable when travelling on public transport? *(please circle)*

YES / NO
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If **YES**, please provide details of the behaviour considered socially unacceptable.


**Please ensure Part C: Medical Practitioner's endorsement (page 15) is also completed**

## Section 6: Speech and/or hearing (Doctor to complete)

6.1. What are the main conditions causing the speech and / or hearing impairment?


6.2. Is the assistance of another person required by the applicant when using public transport owing to their inability to communicate or to receive information for them? *(please circle)*

YES / NO

If **YES**, please provide details.


6.3. Does the applicant suffer from any speech impediment which affects their ability to travel on public transport? *(please circle)*

YES / NO

If **YES**, please provide details.


6.4. Is the applicant able to communicate effectively with transport staff with or without hearing aids?  
*(please circle)*

YES / NO

If **NO**, please attach a recent report of a speech discrimination test conducted by an audiologist.  
*(please circle)*

Is a report attached?

YES / NO

**Please ensure Part C: Medical Practitioner's endorsement (page 15) is also completed**

## PART C: Medical Practitioner's endorsement

**(Please circle below)**

(a) Do you consider that your patient meets the medical eligibility criteria for one or more of the categories for acceptance to the Scheme?	YES / NO
(b) Have you attached <b>ALL</b> supporting medical document(s)?	YES / NO
(a) Have you attached a specialist report from the last 12 months where available?  <i>Transport for NSW may ask for more information from a specialist if we require more information to make an assessment.</i>	YES / NO

### All of the following information is mandatory

#### Medical Practitioner's Details

Full Name				
AHPRA Registration no.				
Qualification				
Address				
State		Postcode		
Phone				
Email				
How long have you treated this patient?	Years		Months	

I declare that the information provided in this application is accurate, true and complete.

Signature		Date (DD/MM/YYYY)	/ /
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#### Under which category is the applicant applying to be admitted to the Scheme? (one or more categories must be completed for this application to be assessed)

Please tick (✓) if Yes

Ambulatory / mobility / functional disability?		Complete Section 1, 2 & Part C
Visual impairment?		Complete Section 1, 3 & Part C
Epilepsy?		Complete Section 1, 4 & Part C
Intellectual (cognitive impairment) disability?		Complete Section 1, 5 & Part C
Speech / hearing disability?		Complete Section 1, 6 & Part C

## PART D: Office use only

Outcome			Ambulatory / Mobility / Functional	Vision	Epilepsy	Intellectual	Speech / Hearing	Exceptional Circumstances
Approved								
Review in		months						
More information								
Not approved								
Medical assessor's name								
Assessment date (DD/MM/YYYY)			/ /					

Medical assessor's signature		Application ID	
		Client ID	