

Taranaki

Total Mobility Scheme



Application

The purpose of the Total Mobility Scheme is to enhance community participation for people with impairments by providing access to appropriate transport. Assistance is provided in the form of subsidised door-to-door transport services wherever Total Mobility Scheme transport providers operate.

Please refer to the User Guide for more details.

INSTRUCTIONS (Please complete each of the following steps)

Step 1 Complete Section A by applicant (or on their behalf)

Step 2 Complete Section B by an assessor (i.e. doctor, specialist or approved assessment facilitator)

Step 3 Complete Section C - declaration and checklist to be completed by applicant (or on their behalf)

Step 4 Post the completed application to:
Total Mobility
Taranaki Regional Council
Private Bag 713
Stratford 4352

Section A - Applicant Details

Section A must be completed by the applicant (or on behalf of the applicant). Please print clearly and answer all questions.

Title:
Mr/Mrs/Ms/Miss/Other:

Surname:

First name(s):

Preferred first name:
to appear on your ID card

Residential address:

Postal address:
if different from above

Phone number:

Mobile number:

Email address:

Date of birth:

Alternative contact person:

Mobile number:

Relationship to applicant:

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

<i>Tick appropriate boxes</i>	Always	Sometimes
Manual wheelchair		
Motorised wheelchair		
Mobility scooter		
Walking frame		
Walking stick		
Guide dog		
White cane		
Travel companion/buddy		
Other (please specify)		

2. Do you receive any transport-related financial assistance from any other official source? *Tick appropriate box*

ACC
Accident Compensation 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

Other *please specify*

If you answered yes to any of the above, please give full details, including purpose of trips funded

3. Please advise the name of any disability community organisation(s) or support agency you are a member of, for example, CCS, IDEA Services, DPA

Statistical information

The following questions are optional but your cooperation in providing this information will assist us in reporting and planning purposes. This information will not be used to identify you as an individual user.

4. Ethnicity

- New Zealand European (Pakeha)
- New Zealand Maori
- Pacific Peoples (please specify)
- Asian (please specify)
- Other European (please specify)
- Other (please specify)

5. Work

- In full-time paid work
- In part-time paid work
- Undertaking voluntary work
- A superannuitant
- Student (primary/secondary/tertiary)
- Beneficiary
- Other (please specify)

6. Have you previously used Total Mobility vouchers (within Taranaki or another region) and, if yes, please state region?

Yes No Region

7. If you answered yes, how long have you used Total Mobility vouchers for? *Tick appropriate box*

- Less than one year 1-2 years
- 2-5 years More than 5 years

Voucher allocation request

Please estimate the average number of one-way trips you would like to request for Total Mobility-assisted transport in a six-week period? The current limit for the use of Total Mobility Vouchers is 25 vouchers per six weeks (ie, four vouchers per week).

It is essential you answer this question as we cannot determine your allocation without this information. The purpose of travel is irrelevant to this entitlement.

Please note we cannot guarantee that you will be allocated the full number of trips you request. If you face special circumstances which require more frequent travel assistance, such as for emergency medical care or to get to and from work, please state the reason why below.

Please estimate the number of one-way trips per week?

Tick appropriate box

- Hardly ever 2 to 4
- Less than 1 5 to 8
- 1

Based on your estimations, what is the average number of one-way trips per six-week period you would like to request for Total Mobility-assisted transport?

I request an increase in vouchers above the current limit of 25 per six weeks. Please state reason:

Applicants who wish to use more than the standard voucher allocation limit may be required to provide further information.

Note: Any trips that are funded from other sources (e.g. ACC, Ministry of Health) should not be included in the above request for Total Mobility-funded trips. Total Mobility tax vouchers may only be used for journeys that are not covered by travel income or assistance from another official source.

Section B - Medical eligibility assessment

Section B must be completed by your doctor, specialist or assessment facilitator.

Handbook for assessing medical eligibility

The medical assessment guidelines are contained in the Total Mobility Handbook for Assessing Medical Eligibility. A copy is available on the website trc.govt.nz/total-mobility or by phoning 0800 TOTMOB (868 662).

Assessor responsibility

The assessor must be familiar with the medical eligibility guidelines before carrying out an assessment of an applicant. The assessor must assess each applicant on the five components of a public transport journey. Lack of availability of public transport and/or a lack of private transport are not criteria for the scheme. The assessor must follow the eligibility criteria as detailed in the Handbook. No other criteria are to be used.

The assessor must complete each section in full before an applicant's application will be considered.

Assessment

Applicant's name

Is the applicant able to complete the following tasks?

Get to the place where the transport departs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Get onto the transport	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ride securely	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Get off the transport	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Get to the final destination point	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Which of these best describes the general nature of the impairment?

<input type="checkbox"/> Physical	<input type="checkbox"/> Psychological	<input type="checkbox"/> Neurological
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Sensory	<input type="checkbox"/> Other

The applicant's impairment is:

Permanent

Temporary (has lasted, or is likely to last for six months or more)

Fluctuating (able to use public transport services some, but not all, of the time)

If the impairment is temporary, please state:

1. Approximate date when impairment started
2. When you consider the applicant's eligibility for Total Mobility will end

Date impairment started:

Date impairment ends:

Note: If the impairment is temporary the applicant will be re-assessed at least one month before the estimated end date.

Does the applicant require the use of a wheelchair hoist taxi-van?

Always Sometimes Never

Is the applicant able to use low floor buses if available?

Always Sometimes Never

Assessor Declaration

I confirm that this applicant is eligible for the Total Mobility Scheme, and that the information made in this assessment has been recorded accurately and is true and complete, to the best of my knowledge.

Signature:

Date:

Assessor name:

Organisation:

Address:

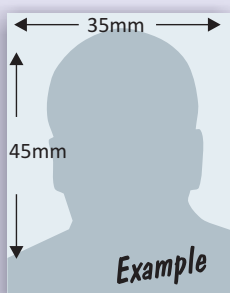
Phone number:

Practitioner:

Section C - Total mobility ID card application

Section C must be completed by the applicant.

All approved Total Mobility Scheme participants will be provided with a photo ID Card (to be retained by the user). You must show your ID card to the taxi driver each time you use a Total Mobility voucher.



ID card fee

Please attach the \$5 fee for your ID card to the application form. Cheques are payable to "Taranaki Regional Council."

ID photo

Please provide an ID photograph.

- Please provide a digital photo if possible.
- Photo must be less than two years old.
- Passport size (35mm x 45mm).
- Head and shoulders (head size approximately 70% of photo) with a plain background. Please print the applicant's name clearly on the back of the photo.
- Digital photos must be at least 80kb (file size) and should be emailed to transport@trc.govt.nz with your name and contact details.

Section C - continued

Assessment fee

An assessment fee of \$12 is payable if your assessment is carried out by an Access Ability Assessor

Application checklist

Please ensure the following information is provided:

- Applicant details completed (Section A)
- Medical assessment completed (Section B)
- Total Mobility ID photo emailed/attached with details
- Declaration signed (Section C)
- \$5.00 ID card fee attached
- \$12.00 assessment fee attached
(Payable only if assessment carried out by Access Ability Assessor)

Assessment Declaration

1. I declare that the statements made in this application and the photo supplied is true and accurate.
2. I have never been refused Total Mobility vouchers in the past because of fraudulent use of the Scheme.
3. I undertake to use my Total Mobility vouchers according to the conditions of use set by the Taranaki Regional Council.
4. I understand that if I fraudulently abuse the Total Mobility 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 may be based on actual use.
6. I understand that I may not always be allocated the number of trips I have requested (allocation depends on Taranaki Regional Council approval).
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 Taranaki Regional Council Total Mobility staff and supporting agency staff representatives of the New Zealand Transport Agency or Audit New Zealand (when they conduct official audits of the Total Mobility Scheme) will have access to personal information.
8. I understand that this information may also be shared with other Government Agencies to verify information supplied regarding other forms of transport assistance. I consent to the sharing of this information for the purpose stated.

12. I understand that under the Privacy Act 1993, I am entitled to access the personal information about me that an assessor or the Taranaki Regional Council may hold.
13. I declare that I will notify the Total Mobility Coordinator or Taranaki Regional Council Total Mobility staff of any change of circumstances that may affect my eligibility for the Total Mobility scheme.

To be signed by Applicant

(or representative for the Applicant if they are unable to sign)

Signature:

Name: please print

Date:

Please forward the completed form to:

Total Mobility
Taranaki Regional Council
Private Bag 713
Stratford 4352

For Council use only: Official office use only

Dates of receipt				
Section A Form	Section B Eligibility Assessment	Section C		All application components complete
		\$5	\$12 Access Ability	
Initials:	Initials:	Initials:	Initials:	Initials:

Application status *Delete one* Approved / Declined

If declined state reason:

Date:

Signature:

TRC Officer/TM Co-ordinator

Notes:

