

Total Mobility Application Form

Applicants Total Mobility ID no:

Applicant Details

Surname: _____

First Name (s): _____

Residential Address: _____

Postal Address: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

Date of Birth: _____

Alternative contact person: _____

Eligibility Assessment (the applicant is to complete this section with the guidance of an accredited assessor. Please refer to the *Handbook for Assessment Facilitators* when undertaking this assessment.)

Eligibility: "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 Getting to the place from where the transport departs
- 2 Getting on to the transport
- 3 Riding securely
- 4 Getting off the transport
- 5 Getting to the destination

1. Are you able to complete the following tasks?

Get to the place where the transport departs

Yes

No

Get on to the transport

Ride securely

Get off the transport

Get to the final destination point

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

- Physical
- Intellectual
- Psychological
- Sensory
- Neurological
- Other

3. Your impairment is:

- Permanent
- Temporary
(has lasted, or is likely to last for six months or less)
- Fluctuating
(able to use bus, train or ferry services some, but not all of the time)

If your impairment is likely to be **temporary**, please indicate the period for which you consider yourself eligible for Total Mobility.

Date: _____ (this will be your due date for re-assessment must be no more than 7 months from this assessment)

4. Do you require the use of a Wheelchair Accessible Vehicle?

Yes No

5. Would you be able to use low floor buses if they were available?

Yes No sometimes

6. Do you receive any transport-related financial assistance from any other official source?

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 details. e.g. purpose of trips funded

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

	Always	Sometimes	Never
Manual Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorised Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility Scooter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking Frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking Stick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guide Dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Cane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel companion/ buddy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Allocation Request

To ensure you the appropriate number of subsidised trips to be allocated to you, we require you to estimate how many trips you think you need. We cannot determine your allocation without this information; therefore it is essential that you answer this section.

Please note that we cannot guarantee you will be allocated the full number of trips you have requested.

Please refer to the *Handbook for Assessment Facilitators* for further information.

8. Based on the above estimations, what is the average number of one-way trips per month you would like to request for Total Mobility assisted transport?

Statistical Information

The following information is requested to enable the 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.

1. Gender: are you?

Male Female

2. To which age group do you belong?

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

3. Ethnicity: are you?

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

4. Work: are you?

In full time paid work
In part time paid work
Undertaking voluntary work
A Superannuitant
A student (please specify primary/secondary/tertiary)
A beneficiary (please specify type of benefit received)
Other (please specify) _____

5. Have you used the Total Mobility scheme previously?

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 Canterbury Regional 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 and variations can be notified to my issuing agency.
6. I understand that I may not always be allocated the total number of trips I have requested (your request for trips will be granted depending on budgetary 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 purpose which will not identify me as an individual. Only Canterbury Regional Council Total Mobility staff and supporting agency staff will have access to personal information. It may also be shared with representatives of New Zealand Transport Agency 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 Canterbury Regional 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: _____ Date: _____

Applicant Representative:

Please tick this box if the applicant is unable to sign the declaration

Assessment Facilitator Details:

Agency Name: _____

Assessor Name: _____

Organisation: _____

Address: _____

Phone Number: _____

Email: _____

Assessment Facilitator Declaration:

Do you confirm that this person is eligible for Total Mobility?

Do you confirm the allocation request?

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: _____ Date: _____