

Disabled Persons' Freedom Pass

Application form



ENVIRONMENTAL SERVICES

FOR OFFICE USE ONLY					
Type of Disability	<input type="text"/>	Applicant Identity Number	<input type="text"/>		
Date Received	<input type="text"/>	Scanned	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Name: Mr/Ms/Mrs/Miss	Surname <input type="text"/>	Other Names	<input type="text"/>		
Application Progress:	Complete <input type="checkbox"/>	Incomplete	<input type="checkbox"/>		
Date Sent Back:	<input type="text"/>	Date Returned	<input type="text"/>		
Reason:	POA Insufficient <input type="checkbox"/>	GP-form Requires Stamp <input type="checkbox"/>	Failed to Provide 2 Photographs <input type="checkbox"/>		
	Not resident of Borough <input type="checkbox"/>	Client's Signature Missing <input type="checkbox"/>	BD8 Evidence Required <input type="checkbox"/>		
	DVLA Evidence Required <input type="checkbox"/>				
Comments:	<input type="text"/>				
Outcome:	Accepted <input type="checkbox"/>	Refused <input type="checkbox"/>	Date:	<input type="text"/>	Authorised by:
Type of Disability:	BLI <input type="checkbox"/>	DIS <input type="checkbox"/>	DLA <input type="checkbox"/>	SUL <input type="checkbox"/>	WAR <input type="checkbox"/>
CUSTOMER SERVICES USE ONLY					
Customer Service Office:	WG <input type="checkbox"/>	H <input type="checkbox"/>	ST <input type="checkbox"/>	NT <input type="checkbox"/>	
Permit No.	<input type="text"/>	Date Issued	<input type="text"/>		
Issued by:	<input type="text"/>	Valid to Date:	<input type="text"/>		

Do you have a current Haringey Disabled Persons' Freedom Pass **YES** **NO**

If yes, what is the serial number?

Personal details

SECTION A

To be completed by **ALL** applicants

Surname: Mr/Mrs/Miss/Ms/Other:

Forename:

Address:

Postcode: Tel no.:

E-mail address:

Date of birth: Current age:

Please state your DOCTOR'S name, address and telephone number.

Disability

SECTION B

To be completed by **ALL** applicants

Please indicate the name or description of your disability or long term health problem.

How long have you had the above condition?

Please describe in as much detail as possible how your condition impairs your ability to TRAVEL.

(If necessary, please continue on page 5 to provide more information).

Parking and Taxicard Concessions

If you have any of the following, please state the Badge/Card number.

Taxicard

HG

Disabled Parking Blue (Orange) Badge

Automatic eligibility criteria

SECTION C

Benefits

Please tick the box if you currently receive either of the following:

Disability Living Allowance Higher Rate Mobility Component

War Pensioners' Mobility Supplement

Visual Impairment

Do you have a BD8 confirming you are blind/partially sighted?

If you have ticked **YES** to any of the above you may automatically qualify for a Haringey Disabled Persons' Freedom Pass. But you must provide the required proof(s) as described in the Guidance notes. Please go to **SECTION E** and sign and date the declaration.

If none of the above automatic eligibility criteria apply to you, please go to **SECTION D**.

Other eligibility criteria

SECTION

D

Please complete only those parts that apply to you.

1. Hearing and speech impairments

YES NO

Are you profoundly or severely deaf?

This would mean a hearing loss of at least 70dBHL;

YES NO

Are you without speech?

This means you are unable to make clear basic oral requests

e.g. to ask for a particular destination or fare or unable to ask specific questions to clarify instructions.

This category DOES NOT include those who are able to communicate orally but whose speech may be slow or difficult to understand e.g. because of a severe stammer. It does not include those who cannot speak English, but who can communicate normally in another language.

YES NO

Are you known to Haringey Social Services' Sensory Needs Team for your hearing or speech impairment?

If yes, please give the name and telephone number of your Social Worker.

2. Walking impairments

How far can you walk before you are in serious discomfort?

Number of yards or metres

If you need someone to help you when travelling, please explain why

Do you use any of the following?

Walking Stick

Artificial Leg

Walking Frame

Wheelchair

Crutches/elbow crutches

Escort

Any other mobility aid? Please specify

Please tick the boxes to indicate any difficulties experienced when walking

Walking causes me severe pain

I have problems with my balance

I get tired after walking a short distance

If you have other difficulties, please specify

3. Without the use of both arms

YES NO

I am without the use of both arms

4. Medical condition that would disqualify you from holding a driving licence

YES NO

Do you hold a valid UK driving licence (even if not currently driving)?

Have you been refused a driving licence on the grounds of being medically unfit other than for persistent misuse of drugs or alcohol?

Were you to apply for a driving licence would your doctor recommend that you did not drive?

If you have answered YES to one of the last two questions, please provide proof, either a refusal letter from the DVLA or arrange for your doctor to complete the enclosed medical report form.

5. Learning Disability

YES NO

Are you known to Haringey's Community Learning Difficulties Services?

If **YES**, please provide the name and telephone number of your case/social worker.

6. Mental Health

Please ask your Care Co-ordinator, Consultant Psychiatrist or Doctor to complete the **Medical report form D2** and return it to us with your completed application form. Once you have completed this Section please go to **SECTION E** and sign and date the declaration.

Please describe in as much detail as possible how your mental health difficulties affect your everyday ability to cope with normal everyday living, such as the ability to care for yourself independently, to manage your personal care, the upkeep of your accommodation, budgeting skills, etc.

YES NO

Are you living in a Registered Care Home for people with Mental Health difficulties?

If **YES**, please supply a letter from the home confirming this.

Do you need to travel to form a significant and active part of your agreed care plan? This might include the need to regularly attend a Day Centre on a frequent basis or to attend a College course or intensive Psychotherapy or Rehabilitation programme.

If **YES**, please supply a letter from the centre confirming your attendance.

The granting of a Disabled Persons' Freedom Pass is subject to all applicants meeting the eligibility criteria under the London Transport Act 2000

Declaration**SECTION E**

To be signed by **ALL** applicants

- I confirm that the information given above is true and accurate to the best of my knowledge.
- I accept that the Council may make further enquiries to satisfy itself that the information provided is true.

YES **NO**

I have enclosed proof of my permanent address in Haringey.

I have enclosed the proof(s) of my automatic qualification as requested in **SECTION C**.

I have enclosed any additional documentation required (e.g. DVLA refusal letter).

I have enclosed **one** passport size photograph

Signed _____

Date _____

Please return the application form and other relevant documents to:

**Concessionary Travel Dept, Haringey Council, P.O. Box 38996,
London N22 9AF**

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