



Taxicard Application Form – London Borough of Hounslow

The Taxicard scheme provides subsidised travel in participating licensed taxis (black cabs) and private hire vehicles (minicabs) across the capital, and is managed by London Councils on behalf of participating London Boroughs. You will qualify automatically if you receive certain disability-based benefits, or if you are severely sight-impaired (blind). You may also qualify if you have a substantial and long-term mobility problem which prevents or seriously affects your ability to use public transport. **Please complete this form in black ink and block capitals.**

Section 1 – Personal/Contact details

| | | |
|----------------------|---------------------------|----------------------|
| Title | First and Middle Names | Last Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth | National Insurance Number | Gender |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|---|---|
| Address: | Photograph: Please attach one colour passport sized photograph taken within the last three months |
| <input type="text"/> | |
| <input type="text"/> | |
| Postcode: Telephone: | |
| Mobile: | |
| Email: | |

Section 2 – Automatic Eligibility

Please tick if one of the following applies:-

- I receive the High Rate Mobility Component of Disability Living Allowance (DLA) – **I attach my most recent award letter.**
- I receive 8 points or more in the ‘Moving Around’ category of the Mobility Component of Personal Independence Payments (PIP) – **I attach my most recent award letter.**
- I receive the War Pension Mobility Supplement, **or** a lump sum in Categories 1-8 of the Armed Forces Compensation Scheme and have been certified as having ‘a permanent and substantial disability which causes inability to walk or very considerable difficulty walking’ – **I attach my most recent award letter.**
- I am severely sight-impaired (blind) – **I attach a Certificate of Visual Impairment (CVI) signed by an Ophthalmologist, or a letter from Hounslow Council confirming that I am registered with them as severely sight-impaired.**



Section 3 – Transport Services

A) Please tick which of the following modes of transport (if any) you have used within the last 12 months:

Dial-a-Ride Train Tube Buses (of any kind)

B) We would like to know what other types of assisted transport services you have available to you. Please tick if you use any of the following:

Access to work scheme Community transport services

Older Persons Freedom Pass Disabled Persons Freedom Pass

Social Services transportation Taxis/Minicabs Friends/relatives vehicles

Other (please specify): _____

C) Do you have any difficulties, or need any assistance in using, any of the above? If so, please give details below:

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If you have any enquiries regarding using public transport in London as a disabled person please contact Transport for London (TfL) on 0343 222 1234, or alternatively via email at tfaccessibility@tfl.gov.uk

D) Do you hold a Disabled Persons Parking Badge? (Blue Badge) Yes No

If so, which local authority issued it? _____

Please enter the serial number below

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And the date of expiry

How often do you use your badge, and what for?

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Do you own a driving license?

Has your badge been issued within the last six months?

Yes No

Yes No

IF YOU MEET ONE OF THE AUTOMATIC CRITERIA LISTED IN SECTION 2 PLEASE GO STRAIGHT  TO SECTION 8



Section 4 – Health and mobility

A) Please list any medical conditions/disabilities you have which impact on your health/ability to move around, and provide evidence of this (eg GP/Consultant letters, hospital reports or similar).

| Medical condition/disability | How long have you had this? |
|------------------------------|-----------------------------|
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B) Do you take any prescribed medication for the above? This could include things like inhalers, sprays, injections etc. Yes No If yes, please attach copies of prescriptions.

C) Do you receive any specialist treatments or therapies for the above? This could include things like pain management clinics or regular physiotherapy. Yes No

| If yes, list below | How often do you receive it? |
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D) Are you on the waiting list for any surgery? (e.g. orthopaedic, heart, other) Yes No If yes please give details: _____

E) Please explain how your medical condition/disabilities impact on your ability to use public transport:

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F) How often is your ability to use public transport affected in this way? All the time Sometimes If sometimes, how often? _____



Section 5 – Moving around outside

A) (i) Are you able to stand? Yes No

(ii) Do you experience any difficulty standing? Yes No

(iii) If yes, how long are you able to stand for? _____

(iv) What prevents you from standing longer?

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B) How far can you usually walk in metres or yards? This includes using walking aids.

(Length of a bus = 15 metres – length of a football field = approximately 100 metres)

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C) What prevents you from walking further?

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D) Can you climb steps and stairs without difficulty? Yes No

If not, please explain your difficulty:

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E) Please tick which of the following apply to you:

I use a walking frame: Sometimes Always Never

I use a walking stick: Sometimes Always Never

I use other walking equipment (please specify): _____

I use this equipment: Sometimes Always

My walking aid was recommended by: _____



Section 6 – Activities of daily living

A) Do you experience difficulties in carrying out everyday activities in your home? (eg personal care, cooking, cleaning). Yes No If yes, please provide details below:

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B) Have you been provided with any equipment to help you carry out these activities?

Yes No If yes, please provide details below:

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C) Has your home been adapted in any way to help you carry out these activities?

Yes No If yes, please provide details below:

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If you have previously been assessed by your local council for any home adaptations please provide us with a copy of your assessment (if available).

Section 7 – Referees

Please provide details of a healthcare professional/social worker who knows about your mobility problems and who may be contacted for more information if needed.

| | |
|-----------|------------|
| Name: | Position: |
| Address: | |
| Email: | |
| Postcode: | Telephone: |

If you provide enough supporting medical evidence it is unlikely that your nominated referee will be contacted.



Section 8 – Wheelchairs/Mobility Scooters

To ensure your safety, if you need to use a wheelchair when travelling in a licensed London taxi you must travel facing the rear of the taxi with your back to the partition and use the attachment belts provided. Many larger electric wheelchairs cannot be positioned and safely secured in this way, due to their size, and so are unsuitable for use when travelling on the Taxicard scheme.

Many mobility scooters cannot be safely secured or are too heavy to use the ramps in licensed London taxis and therefore cannot be used when travelling on the Taxicard scheme. However, you can travel if the electric wheelchair can be safely secured and the scooter is not too heavy and the customer can transfer from it to the back seat of the taxi in order to travel.

If you use a wheelchair or scooter, we need some additional information from you so that we can establish the best way that we can provide the Taxicard service for you. Our ability to provide a suitable vehicle for you will be limited if you do not have access to a wheelchair of a type which can be safely secured in a London taxi and you are not able to transfer to a seat when travelling.

Please tick which of the following (if any) apply to you:

A) Manual Wheelchairs

Do you use a manual wheelchair? Yes No

If yes, can you transfer to a seat when travelling? Yes No

If yes, do you rely on someone else to push you? Yes No

If yes, who recommended it to you? _____

Does it have leg extensions? Yes No

B) Powered/Electric wheelchairs

Do you use a powered/electric wheelchair? Yes No

If yes, can you transfer to a seat when travelling? Yes No

If yes, please advise us of it's:

Manufacturer: _____ **Model:** _____

If yes, who recommended it to you? _____

Does it have leg extensions? Yes No



C) Mobility Scooters

Do you use a mobility scooter? Yes No

If yes, can you transfer to a seat when travelling? Yes No

If yes, please advise us of its: **Manufacturer:** _____ **Model:** _____

If yes, who recommended it to you? _____

Does it have leg extensions? Yes No

Section 9 – Proof of identity and address

In order for us to process your application you **must** provide:

A) ONE COLOUR PHOTOGRAPH - passport-sized and dated within the last 3 months.

B) ONE PROOF OF IDENTITY - a **copy** of one of the following (please tick):

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| *Birth / Adoption Certificate | | Current driving license (paper counterpart is no longer valid) | |
| Passport / EU Identity Card | | NHS Medical Card | |
| *Civil Partnership / Dissolution Certificate | | HM Forces ID Card | |
| *Marriage / Divorce Certificate | | *Naturalisation Certificate | |

*The name on the proof of identity and the proof of address **must** match.

C) ONE PROOF OF ADDRESS - a **copy** of one of the following (please tick):

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| Current Council Tax Bill/Letter/Payment Book | |
| Current Council/Housing Association Rent Book/Statement | |
| Valid Television Licence/exemption letter | |
| Valid tenancy agreement – dated within 12 months | |
| Home or contents insurance letter – dated within 12 months | |
| Residential utility bill (excluding mobile phone bills) – dated within 3 months | |
| Copy of HM Revenue and Customs letter - dated within 3 months | |
| Letter showing letter of entitlement to benefits/pension - dated within 3 months | |
| Domiciliary Care Bill - dated within 3 months | |

Section 10 – Communication

In case we need to contact you regarding your application, we will try to accommodate any communication needs that you may have.

Please tick if one of the following applies to you:

I am hard of hearing

I am profoundly/severely deaf

I have a speech impairment If you do, please describe it: _____

English is not my first language and I need an interpreter

If you need an interpreter or someone to help with the application process and you know someone who can do this for you, please give us their name, address and telephone number.

| | |
|------------|------------|
| Full Name: | |
| Address: | |
| | |
| Postcode: | Telephone: |
| Mobile: | Email: |

Section 11 – Ethnic Monitoring

The purpose of this section is to provide information on whether we are delivering services in an appropriate manner across the whole community. This information is confidential and failing to complete it will not prejudice your application. If you do not wish to fill it in please tick the box 'I do not wish to say' in category F below.

These categories are taken from Census 2011.

A) White – British Irish Gypsy/Irish traveller Other: _____

B) Black or Black British – Caribbean African Other: _____

C) Mixed – White/Black Caribbean White/Asian White/Black African

Other mixed (please state) _____

D) Asian or Asian British – Indian Pakistani Bangladeshi Chinese

Other Asian or Asian British: _____

E) Other – Arab Other: _____

F) I do not wish to say:



Section 12 – Declaration

I accept that all personal information and supporting evidence I provide in relation to my application for a Taxicard may be shared between Hounslow Council, London Councils (who administer the scheme) and third parties involved in assessing my eligibility. I also accept that my contact details may be made available to those providing the service.

I acknowledge that this information will be handled in line with the Data Protection Act 1998.

I accept that the duty Hounslow Council is under to protect the public funds it administers may lead to it cross referencing this information with other Council departments, or sharing it with third parties, for the prevention and detection of fraud.

I accept that I may be required to attend a mobility clinic as part of my assessment.

I declare that I will not use Taxicard for trips where other subsidies are available, and that I will abide by the 'Taxicard terms and conditions of use' located at the end of the guidance notes which accompany this form.

I declare that the information given on this form is true and accurate to the best of my knowledge. Should my mobility improve significantly, or I stop receiving one of the qualifying benefits, I will inform you as soon as is reasonably possible. I understand that you may prosecute me if you believe that I have deliberately given incorrect information or fabricated or doctored any evidence provided as part of my application.

Signature

Date

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Print name

If you are unable to sign the declaration yourself it may be signed on your behalf by a relative/spouse or legal representative. If you are under 16 years of age your parent or legal guardian must sign this form.

Relationship to applicant (if signing for someone else)

Contact phone number

Your information may be used to contact you about initiatives which we believe to be of direct benefit to you or to consult you about the Taxicard Scheme, with the aim of improving the service. If you do not wish to receive this information or to be consulted, please indicate below by ticking the box provided.

I am willing to be consulted: Yes No



I am willing to be contacted regarding other services and initiatives: Yes No

How did you hear about the Taxicard scheme?

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If you have any enquiries about this application form, please contact London Councils on:
Tel: (020) 7934 9791 (Mon-Fri 9am-5pm) or via email at taxicard@londoncouncils.gov.uk

Section 13 – Checklist

Make sure that you enclose the following (please tick):

Proof of eligibility (if you completed Section 2):

Supporting medical evidence (if non-automatic):

Proof of identity:

Proof of address:

One colour photograph:

Please return this form
to:
**London Councils
Taxicard Section
59 ½ Southwark Street
London, SE1 0AL**

Please note that the application process can take between 4/8 weeks to process.

For office use only

Authorising Officer

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Taxicard Number

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Signature

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Date

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Taxicard Application Form - Guidance Notes

The Taxicard scheme provides subsidised kerb-to-kerb transport in participating black cabs (taxis) and private hire vehicles (minicabs) for people who have serious mobility or visual impairments and who find it very difficult or impossible to use mainstream public transport such as buses and the tube. The scheme is for those with long-term physical disabilities (including sight and breathing problems), not short-term situations such as broken legs etc. If you think you may qualify, please read the following guidance notes carefully to assist you with the completion of the application form. It is important that all relevant sections are completed fully to ensure that your application is dealt with quickly. All questions are compulsory unless otherwise specified.

A failure to complete the application form fully or to provide the required proofs may lead to your application form being returned to you. This will result in delays to the process and you will incur additional postage costs.

Please try as far as possible to keep your answers within the boxes provided as this makes it easier to process your application. The application form is 10 pages in total so please ensure you complete the whole of it.

Sections 1 - Personal/Contact details - Where there are boxes on the form please place a tick in the relevant box.

- Print all text in black ink and in capital letters.
- Enter your full name, address and postcode.
- Please only complete this form if you are a resident of the London Borough of Hounslow.
- It is helpful to give a mobile phone number and e-mail address as well as a land-line number to enable London Councils and Computer Cabs (who operate the scheme) to contact you if necessary.
- We will need your National Insurance number, which can be found on payslips or letters from the Pensions Service/Department for Work and Pensions/HM Revenues and Customs.

Section 2 – Automatic qualification - If you are in one of the categories **1-4** below you will qualify automatically for a Taxicard.

1. Higher Rate Mobility Component of the Disability Living Allowance - You must enclose a photocopy of your most recent award letter from the Department for Work and Pensions (DWP). Letters are sent to out on an annual basis. The letter must show your full name and address and state whether any award is indefinite or time limited. If you cannot produce a letter you should obtain a replacement from the DWP by calling 03457 123 456 (if born before 08/04/1948) or 0345 605 6055 (if born on or before that date). Please note that Disability Living Allowance is **not** the same as Attendance Allowance, which is awarded for personal care in the home rather than mobility.

2. A score of 8 points or more in the ‘Moving Around’ category of the Mobility Component of PIP (Personal Independence Payment) - You must enclose a photocopy of your entitlement letter from the Department for Work and Pensions (DWP), dated with the last 12 months. You must include every page and it must show your full name and address and state whether any award is ongoing or time limited. If you cannot produce the letter you should obtain a replacement from the DWP by calling 0345 850 3322.



3. War Pension Mobility Supplement or a lump sum in Categories 1-8 of the Armed Forces Compensation Scheme (AFCS) - You must enclose a photocopy of your entitlement letter from Veterans UK (previously the Service Personnel and Veterans Agency). If you cannot produce the letter, you can obtain a replacement by calling 0800 169 2277 or www.veterans-uk.info. Please note that not all lump sum payments under AFCS mean that you qualify, and that you must also have been certified as having 'a permanent and substantial disability which causes inability to walk or very considerable difficulty walking'.

4. Registered Severely Visually Impaired or Blind - You must enclose a photocopy of your evidence of registration with Hounslow Council - Certificate of Visual Impairment (CVI) – or BD8 form. Evidence of registration may be obtained by calling Hounslow Council's Sensory Deprivation Team on (020) 8583 3100.

General - If you do not qualify via the criteria in section 2 you must complete the form as fully as possible. Sometimes a decision can be reached using just the form and supporting evidence, on other occasions we might request further information or require that you attend an assessment clinic. Please note that the London Borough of Hounslow uses independent mobility assessors, and does not charge for this service. If you need a clinic assessment you will be contacted directly to arrange one. They are held on a regular basis at the Civic Centre on Lampton Road, TW3 4DN. A wheelchair is available on request.

If your form is received without the required documentation it will be returned to you.

Section 3A – B Transport services - It will help to assess your eligibility if you indicate whether you use the different transport services listed. You will need to state whether you have a disabled or an older person's Freedom Pass. Please note that being a Freedom Pass holder does not bar you from qualifying for a Taxicard.

Section 3C – Disabled Persons Parking Badge (Blue Badge) - It will help to assess your eligibility if you indicate whether or not you have a Blue Badge. If you do have one you need to:

- indicate which local authority issued it
- provide the serial number
- enter the expiry date

We will then be able to cross reference this with our Blue Badge records.

Section 4 – Your health and mobility - Please supply as much detail as you can about your health and mobility difficulties and how they affect your ability to use public transport. You should also indicate whether you have these problems all the time or some of the time.

Sections 5 – Getting around outside - Please detail any problems you have in standing and walking outside of your home. If you are able to walk you should estimate as closely as you can how far you can walk. There is space to give further details if you wish regarding mobility difficulties you have outside of your home.

Section 6 – Activities of daily living - Please provide details of any problems you experience carrying out daily activities in your home, due to your physical condition.

Section 7 – Healthcare professional/social services officer - Please give details of your GP or other healthcare professional who knows about your mobility problems. We may contact them to get more information. If for any reason you do not have a healthcare professional we

can contact, but have a social worker who knows about your mobility difficulties you can supply their details instead.

Section 8 – Wheelchair/Mobility scooter use – Please complete if applicable.

Section 9 - Proof of identity and residence - You must provide one colour photograph (Section 10a) one proof of identity (Section 10b) and one proof of residence (Section 10c) from the lists on the application form. Your form cannot be processed without this and will be returned to you. Any photo must be in colour, less than 3 months old, and clearly show your face against a neutral background. The word 'current' for proof of address means for that tax year or the one currently in use.

Do not send original documents unless you are happy for us to keep them.

Section 10 – Communication – Please indicate if you require any assistance for if we need to contact you.

Section 11 – Ethnic Monitoring - Both London Councils and Hounslow Council consider all applications fairly, regardless of applicants' gender, race, colour or religion. By monitoring the ethnicity of our service users, we can identify whether we are providing equal access to all groups of people. All information will be kept confidential in accordance with the Data Protection Act 1998.

Section 12 – Declaration - By signing this section you are admitting that you have read and understood the declarations as listed. London Councils may wish to contact you to consult you about your views, or provide information about other services or initiatives. Please indicate if you are happy for them to do this. All information will be kept confidential in accordance with the Data Protection Act 1998. Even if you say no, either ourselves or London Councils retain the right to write to you with any important information you will need to know about your membership of the scheme. You must sign and date the form or have it signed and dated by someone else on your behalf if you are unable to sign it yourself.

Applications will not be accepted if they are unsigned and will be returned to you.

Taxicard terms and conditions of use:

Please note you must not:

- Allow anyone else to make trips using your Taxicard.
- Use anyone else's Taxicard.
- Use the scheme to send packages (or have anything delivered) unless you accompany them.
- Make journeys to and from a hospital if you are entitled to free travel under the 'Healthcare Travel Costs Scheme' or any other similar scheme (check with the hospital first).
- Make journeys to and from work if you are receiving payment from the Employment Services Agency's assistance with taxi fares to work scheme.
- Allow the card to be swiped other than at the start or end of your journey.

Your journey must either start or finish within the area covered by the 31 London Boroughs and the City of Westminster or the City of London.

Any abuse of the rules of the scheme will not be tolerated and may result in your Taxicard being withdrawn.