



Taxicard Number: for official use only

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Taxicard application form

Westminster City Council's Taxicard scheme provides subsidised transport for people who have a serious disability that prevents them from using public transport. It also supports those who have less serious disabilities, provided they are on a lower income. The scheme is managed by London Councils on behalf of Westminster.

If you have a disability lasting for more than 12 months, you may qualify for a Taxicard. Please look through this form to see if you qualify for a Taxicard. If you think you might, please complete this form and return it to us.



1 Your personal details

The information you give on this form will be used to assess your eligibility to join the Taxicard scheme and will be processed in accordance with the Data Protection Act 1998. This Act restricts who may have access to your information – for further details please see page 11.

Title (Mr/Mrs/Miss/Ms/Other)		Surname									
Forename (s)											
Date of birth		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>									
<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y		
D	D	M	M	Y	Y	Y	Y				
Address											
Postcode		Email address (if applicable)									
Telephone		Mobile (if applicable)									
Please tell us how you heard about the Taxicard scheme:											

2 Disability eligibility

You will normally qualify for the Taxicard scheme if you receive one of the following benefits and can provide documentary evidence.

You are required to provide a photocopy of your original certificate of entitlement or entitlement notice. **If you send your original documents we will not be able to return them to you.**

	I receive this benefit	I enclose a copy of my letter of entitlement
Higher Rate Attendance Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Higher Rate Mobility Component of Disability Living Allowance	<input type="checkbox"/>	<input type="checkbox"/>
War Pension Mobility Supplement	<input type="checkbox"/>	<input type="checkbox"/>
Registered severely visually impaired or blind	<input type="checkbox"/>	<input type="checkbox"/>
Personal Independence Payment (PIP) 8 points or more for the moving around mobility component	<input type="checkbox"/>	<input type="checkbox"/>

If you receive one of the above benefits and can provide evidence, please go to section 4. You do not need to complete section 3. If you **do not** receive one of the above benefits, please complete section 3.

If you cannot produce your documentation, replacements may be available.

- Higher Rate Attendance – Call 0800 882 200
- Higher Rate Mobility Component of Disability Living Allowance – Call 08457 123 456
- War Pension Mobility Supplement – Call 0800 169 2277
- Registration as severely visually impaired or blind – Call 020 7641 1175
- Personal Independence Payment – Call 0845 850 3322

3 Financial eligibility

If you do not receive any of the disability benefits in section 2, you **may** still qualify for a Taxicard but you **must** receive one of the means tested benefits listed below. If you do, your application will then be assessed.

You need to provide us with either a photocopy or the original document to support your declaration. **If you send your original documents, we will not be able to return them to you.**

You should tick all the boxes that apply to you but you only need to supply documentation for one, which you must have received within the past 12 months to support your application. Without this confirmation, your application cannot be processed.

If you have not been able to tick any of the boxes in section 2 or section 3, you will not be entitled to receive a Taxicard. You do not need to complete the rest of the form.

	I receive this benefit	I enclose a copy of my letter of entitlement
Housing Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Council Tax benefit	<input type="checkbox"/>	<input type="checkbox"/>
Income Support	<input type="checkbox"/>	<input type="checkbox"/>
Employment and Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Job Seekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Incapacity Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>
Working Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>
Disability Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>
War Pensions Scheme	<input type="checkbox"/>	<input type="checkbox"/>
Guaranteed Income Payment	<input type="checkbox"/>	<input type="checkbox"/>

If you cannot produce your documentation, replacements may be available.

- Housing Benefit/Council Tax benefit – Call 0800 072 0042
- Income Support/Employment and Support Allowance/Job Seekers Allowance/Incapacity Benefit – Call 0800 055 6688
- Pension Credit – Call 0800 99 1234
- Working Tax Credit/Disability Tax Credit – Call 0845 300 3900
- War Pensions Scheme/Guaranteed Income Payment – Call 0800 169 2277

4 Transport services

The answers to the questions in this section may determine the number of Taxicard trips allocated to you.

A) Public transport services

Please indicate whether you have used any of the following public transport services in the past year, ticking either the yes or no box after each service.

	Yes	No
London Dial-a-Ride	<input type="checkbox"/>	<input type="checkbox"/>
Trains	<input type="checkbox"/>	<input type="checkbox"/>
Tubes	<input type="checkbox"/>	<input type="checkbox"/>
Buses (any type)	<input type="checkbox"/>	<input type="checkbox"/>
Low floor buses	<input type="checkbox"/>	<input type="checkbox"/>

B) Other transport services

We would like to know what other assisted transport you have available to you. Please indicate whether or not you use any of the following services, ticking either the yes or no box after each service.

	Yes	No
Access to Work scheme	<input type="checkbox"/>	<input type="checkbox"/>
Community Transport Services	<input type="checkbox"/>	<input type="checkbox"/>
Older Person's Freedom Pass	<input type="checkbox"/>	<input type="checkbox"/>
Disabled Person's Freedom Pass	<input type="checkbox"/>	<input type="checkbox"/>
Social Services transport to day centre	<input type="checkbox"/>	<input type="checkbox"/>
Taxis/Black Cabs	<input type="checkbox"/>	<input type="checkbox"/>
Friends/relatives vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Residential Home transport	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify) _____

	Yes	No
Do you have any difficulties using the transport that you have ticked above?	<input type="checkbox"/>	<input type="checkbox"/>

Do you need help to travel using the methods of transport you have ticked above?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please describe the help you need below

C) White Badge disabled persons parking scheme

	Yes	No
Do you hold a White Badge?	<input type="checkbox"/>	<input type="checkbox"/>

If no, please go to Section 5.

If yes, please include your membership number and the issuing authority.

Membership number:

Issuing authority:

	Yes	No
Are you a driver?	<input type="checkbox"/>	<input type="checkbox"/>
or passenger	<input type="checkbox"/>	<input type="checkbox"/>

When does the badge expire?

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How often do you use your badge? (Please tick one box)

Daily

☐

Three or more times a week

☐

About once or twice a week

☐

About once every two weeks

☐

About once a month

☐

Less than once a month

☐

Westminster City Council may wish to access information on your White Badge to reduce the need for you to have a second mobility assessment.

Please tick this box if you agree that we can access your information.

☐

5 Your health/disability

The answers to the questions in this section may determine the number of Taxicard trips allocated to you.

A) What are the medical names for your disability/health difficulties?

Medical name

How long have you had this disability?

Do you take any prescribed medication for your health problem[s] or disability (tablets, injections etc)?

Yes

☐

No

☐

Do you receive therapy or medical treatment for your health problem[s] or disability?

Yes

☐

No

☐

If yes, please describe below

Therapy or medical treatment

How often do you receive treatment?

Are you on a waiting list for/due to have an operation (joint replacement, heart bypass etc)?

Yes

☐

No

☐

If yes, please describe below

B) How does your disability affect your ability to use public transport?

How often is your ability to use public transport affected in this way? (please tick)

All the time ☐

Sometimes ☐

If sometimes, how often?

6 Getting around outside

The following questions are to help us understand your mobility difficulties outside of your home.

A) Your mobility

Are you able to stand?

Yes

☐

No

☐

Do you have difficulty in standing?

Yes

☐

No

☐

If yes, how long are you able to stand?

What prevents you from standing longer?

How far can you usually walk in metres or yards? (This includes using a walking aid)

metres or

yards

What stops you from walking further?

Can you climb steps and stairs without difficulty? Yes No
☐ ☐

If yes, please describe below

How long have you had these mobility difficulties? years months

B) Use of wheelchairs/walking aids outside

Please tick if any of the following apply to you:

I use a powered wheelchair ☐ I use a manual wheelchair ☐

I use this wheelchair Sometimes ☐ Always ☐

I am reliant on someone else to push me in my wheelchair Yes No
☐ ☐

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 ☐

I was advised to use a walking aid by:

C) Daily activities

Do you have any further difficulties in carrying out everyday activities in your home? Yes ☐ No ☐

If yes, please provide details below

Have you been provided with any equipment to help you carry out these activities? Yes ☐ No ☐

If yes, please provide details below

Has your home been adapted in any way to help you carry out these activities? Yes ☐ No ☐

If yes, please provide details below

D) Either: details of a healthcare professional

Please give details below of a healthcare professional who knows about your mobility difficulties and who may be contacted for more information if necessary. Please let them know that they may be contacted.

Job title (please tick)

General practitioner	<input type="checkbox"/>	District Nurse	<input type="checkbox"/>
Occupational Therapist	<input type="checkbox"/>	Physio therapist	<input type="checkbox"/>
Consultant	<input type="checkbox"/>		

Other (please specify)

OR: details of a social services officer

If there isn't a healthcare professional that we may contact but you have a Social Services Officer who knows about your mobility difficulties, please give their details. Please let them know that they may be contacted.

Social Worker	<input type="checkbox"/>	Care Manager	<input type="checkbox"/>
Occupational therapist	<input type="checkbox"/>	Care Coordinator	<input type="checkbox"/>

Other (please specify)

Title (Mr/Mrs/Miss/Ms/Other
Name
Address
Postcode
Telephone

Title (Mr/Mrs/Miss/Ms/Other
Name
Address
Postcode
Telephone

7 Proof of identity and residence

You are required to provide proof of your identity and residence. Your application will not be considered without the required proofs and photographs.

A) Photographs: I enclose one recent passport sized colour photograph of myself, (taken within the past six months) with my name printed on the back.

☐

B) Proof of identity: I enclose a **copy** of **one** of the following documents (please tick):

Copy of photocard or paper driving licence

☐

Copy of passport photo page (current or expired)

☐

Copy of UK local residents' parking permit

☐

Copy of Marriage Certificate*

☐

* if you are married and have changed your name, you cannot use your birth certificate.

Copy of Asylum Registration Card or Standard

☐

Acknowledgement Letter

☐

Copy of NHS Medical Card

☐

Copy of statutory declaration of change of name

☐

C) Proof of residence

Either: I enclose **one** of the following current documents, showing my name and address dated within the past 12 months (please tick one):

Copy of council or housing association rent book

☐

Copy of tenancy agreement

☐

Either: I enclose **one** of the following current documents, showing my name and address (please tick one):

Original council tax bill, dated within the past 12 months

☐

Original letter of entitlement of benefits or pension, dated within the past 12 months

☐

Copy of television licence/exemption ☐

Original utility bill e.g. gas, electricity, phone, water, dated within the past three months ☐

Copy of home contents insurance document confirming current policy ☐

Original domiciliary care bill dated within the past three months ☐

Copy of benefits or pension book ☐

8 Ethnic monitoring

We consider all applications fairly regardless of applicants' sex, race, colour or religion. By monitoring the ethnicity of our service users, we can identify whether we are providing equal access to all parts of the community. This section is optional and it will not affect the outcome of your application if you do not complete it. All information will be kept confidential in line with the Data Protection Act 1998.

Please tick the box which best describes your ethnic origin:

A) White

☐ British

☐ Irish

Any other White background (please specify):

D) Black or Black British

☐ Caribbean

☐ African

Any other Black background (please specify):

B) Mixed

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

Any other Mixed background (please specify):

☐ **E) Chinese**

☐ **F) Arab**

C) Asian or Asian British

☐ Indian

☐ Pakistani

☐ Bangladeshi

Any other Asian background (please specify):

G) Other Any other ethnic group (please specify):

☐ I prefer not to say

9 Declaration of consent

The personal information that you provide on this form will be shared between Westminster City Council and organisations that issue Taxicards on the council's behalf or provide the taxi service such as London Councils. This information will be handled in line with the Data Protection Act 1998 and will be used for the purpose of assessing your eligibility to receive the Taxicard service and to manage, monitor and evaluate the service only.

Westminster City Council is under a duty to protect the public funds they administer and may use the information you have provided for the prevention and detection of fraud. We may also share this information with other bodies administering public funds for this purpose.

Information about you will not be used for any purpose other than the above. We will share your information with other third parties only with your consent.

Applicant's signature

Date

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

Signature of authorised person

Print name

Relationship to applicant

Telephone

Before returning this form please complete the checklist below.

Please ensure that this form is fully completed, as it will be returned if it is incomplete. Your application will be delayed if all necessary documents are not enclosed (please tick):

Have you enclosed proof of your disability?

☐

If not, have you enclosed proof of your financial benefits?

☐

Have you enclosed one passport-sized colour photograph with your name printed on the back?

☐

Have you enclosed proof of identity?

☐

Have you enclosed proof of residence?

☐

Have you or your authorised signatory signed the declaration?

☐

**If you have any enquiries about this application form, please contact London Councils:
Tel: 020 7934 9791 or 0845 415 4156 (9am – 5pm, Mon – Fri).**

Please return this form to:

**London Councils
Taxicard
59½ Southwark Street
London
SE1 0AL**

For office use only:

Authorising Officer

Signature

Date

Annual/Monthly Trip Allocation