

Freedom Pass Application form

for Disabled People

What is a Freedom Pass?

The Freedom Pass allows eligible people with disabilities to travel free on most public transport in London.

Who is eligible?

Permanent residents of the borough who meet the conditions of the Transport Act 2000.



Information and help with completing the Freedom Pass application

SECTION A

1 Client's details

Please enter your full name in **BLOCK CAPITALS** and your full current address.

If possible, please enter your daytime telephone number as this could help speed up the processing of your application form.

2 Confirmation of address

When providing proof of where you live, please supply a photocopy of one of the listed items. When supplying a utility bill, this will ordinarily be a telephone, water, gas, or electricity bill. The document must be current within the last three months.

If a form is being submitted for a child under the age of 16, then a document bearing the name of the parent or guardian can be submitted.

3 Confirmation of Identity

When providing proof of identity, the document must be a photocopy because we cannot accept any responsibility for the loss or damage of original documents.

It is important that the proof of identity you send contains your date of birth.

4 Photographs

Please ensure that your name is printed clearly on the back of the photographs, in case they become detached from your form. They must be passport size and be a recent likeness.

SECTION A

Please note:

The information given in this application form will be used to assess your eligibility for a Freedom pass.

Please complete the form in BLOCK CAPITALS.

If you do not complete the form fully and do not include all relevant documents it will not be possible to process your application and the form will be returned to you.

1 Client's details

Surname

Forename(s)

Mr Mrs Miss Ms Date of Birth Age

Address

Post Code Telephone No.

2 Confirmation of address

Please supply a copy of one of the following as proof that you live within the borough of Wandsworth. (please tick one box)

- | | |
|---|---|
| <input type="checkbox"/> A utility bill | <input type="checkbox"/> A TV Licence |
| <input type="checkbox"/> A bank statement | <input type="checkbox"/> A Rent Book |
| <input type="checkbox"/> A Council Tax Bill | <input type="checkbox"/> Front page of Benefit Book |

Whichever one you provide, it must contain a date within the last three months to show that you are living in the borough.

3 Confirmation of Identity

You must attach a photocopy of one of the following as proof of your client's identity. (please tick one box)

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> Birth certificate (unless your name has changed) | <input type="checkbox"/> Passport | <input type="checkbox"/> Pink/New style driving licence |
| <input type="checkbox"/> Medical card | | |

4 Photographs

Please enclose two passport size photographs.

It is important to print your name on the back of each photograph. (We will return your photographs if your application is unsuccessful).

Information and help with filling out your Freedom pass application

SECTION B

1 Registered Blind and Partially Sighted

If you are registered as blind or partially sighted, you must include a copy of your BD8 certificate or copy of your registration card, without proof of registration we cannot authorise a pass on these grounds.

2 Profoundly or severely deaf

It is important that you submit an audiological report with your application, because without one we will not be able to process your application form.

3 Without speech

Medical evidence can for example be in the form of a supporting letter or report from a speech therapist.

4 Physical Disabilities

If you receive Disability Living Allowance or Personal Independence Payment or a War Pensioners Supplement, a letter from the Benefit Agency must be supplied. This letter must be dated within the last 12 months and show the component or scores you are currently receiving.

If you do not have this letter, you can contact the Department for Work and Pensions to request a duplicate letter confirming your entitlement.

Department for Work and Pensions phone numbers:

- 0800 121 4600 (Disability Living Allowance)
- 0800 121 4433 (Personal Independence Payment)
- 0808 1914 218 (War Pensioners Supplement)

SECTION B

Eligibility Criteria

To qualify for a Disabled Persons Freedom Pass you need to be eligible for one of the following categories. **Once you have answered Yes to a question please go to Section C of the form.**

1 Registered Blind and Partially sighted

Yes No

If **yes**, please specify which borough you are registered with.

(If yes go to SECTION C)

2 Severely or profoundly deaf

Has an aural specialist assessed you as severely (70-95dBHL) or profoundly (95+ dBHL) deaf?

Yes No

If **yes**, please enclose an audiological report as confirmation. (If yes go to SECTION C)

3 Without speech

Is it the case that you cannot communicate orally in any language?

Yes No

If **yes**, please supply medical evidence. (If yes go to SECTION C)

4 Physical Disabilities

Have you currently been awarded the Higher rate of the mobility component of Disability Living Allowance or awarded 8 points or more under the 'Moving Around' or 'Communicating Verbally' category of Personal Independence Payment or a War Pensioners mobility supplement?

Yes No

If **yes**, please provide an official letter confirming your name/address, the date of your award and the component or scores you have been awarded. (If yes go to SECTION C)

Information and help with filling out your Freedom pass application

SECTION B continued

4 Physical Disabilities continued

Please supply as much information as possible about your illness or disability to enable us to assess your application.

If we need to clarify any details or assess your mobility, we may call you for an interview with the Disability Assessment Officer who is qualified to assess your eligibility for a Freedom Pass. Part of the assessment may include us contacting your GP for further clarification in connection with your eligibility for a Pass. Any decision, however, rests entirely with this department.

Although it is recognised that your answers to these questions may be estimates, please be as realistic as possible. Also please note that Freedom Passes are only issued to applicants who are able to use public transport.

To help us to assess your mobility, please describe any difficulties that you have in as much detail as possible e.g. breathlessness, areas of pain, balance, fatigue, chest pains, breathing difficulties, palpitations. Please continue on a separate sheet if necessary.

SECTION B continued

4 Physical Disabilities Continued

If you do not receive either of the previously stated benefits and have not said yes to any of the other criteria:

- Please describe your illness or disability, giving as much detail as possible (continue on a separate sheet if necessary)

- How long have you had this disability or illness?

- Please list the medication you need to take on a regular basis.

- Do you use any mobility aids?

- How far can you walk on flat ground before you feel breathless, feel pain or feel severe discomfort and need to rest?

Metres/Yards (delete as appropriate)

- Roughly how long does it take you to walk this far?

- Please give details of how your mobility is affected by your conditions

(now go to SECTION C)

Information and help with filling out your Freedom pass application

SECTION B continued

5 Loss of arms or long term loss of the use of both arms

A Freedom Pass can be issued to people who are UPPER limb double amputees or who have congenital absence of both UPPER limbs.

or

Who are not able to use either of their arms to carry out day-to-day tasks, paying coins into a fare machine.

Independent medical evidence will be required to support this.

If we need to clarify any details we will call you for an interview with the Disability Assessment Officer who is qualified to assess your eligibility

6 Learning Disability

The Transport Act 2000, defines that a learning disability, as “a state of arrested incomplete development of mind which includes significant impairment of intelligence and social functioning.”

This condition must have started before adulthood and have a lasting effect on development. You must be able to qualify for specialist services and may have had special educational provision.

If you are not already a client of Social Services department, to qualify for a Freedom Pass you will be asked to supply us with further details e.g. the school you attended, your previous address if you have previously lived outside the borough of Wandsworth.

7 Conditions which would prevent from obtaining a driving licence

(a) If you have never had a driving licence refused or revoked, evidence will be required to prove that you are medically not fit to drive. You may also be invited to attend an interview with the council's Disability Assessment Officer to assess your eligibility for a disabled person's Freedom Pass

(b) If you have any queries regarding your eligibility under this criteria, please contact the Supported Travel Team, telephone number (020) 8871 8871

SECTION B continued

5 Loss of arms or long term loss of the use of both arms

Do you meet any of the criteria in note 5 opposite.

Yes No

Please describe any long term loss of function of both arms, including actual loss of upper limbs

(If yes go to SECTION C)

6 Learning Disability

Do you consider yourself to have a Learning Disability?

Yes No

(Please read note 6 opposite for further information)

(If yes go to SECTION C)

7 Conditions which would prevent you from obtaining a driving licence

Have you ever been refused a Driving Licence other than because of persistent use of drugs or alcohol?

Yes No

If **yes**, please send current evidence for the reason issued by DVLA.

(If yes go to SECTION C)

In addition you may be entitled to a Freedom Pass without ever having had to have a driving licence refused or revoked.

Please read note 7(a) opposite for further information.

Do you consider that you have any disabilities which are likely to make the driving of a vehicle dangerous to others, please specify:

Please read note 7(b) opposite for further information.

SECTION C

Please read and sign the following:

1. I declare that, to the best of my knowledge, all the statements I have made on this form are true and I agree to Wandsworth Council contacting my GP or other medical practitioner if necessary for the purpose of obtaining information in support of my application.

Sign Date

Please supply your GP's name, address and telephone number below.

Name

Address
 Postcode

Telephone number

2. Have you previously had a Freedom Pass from Wandsworth Council?

Yes No

If 'Yes', please state expiry date of last Pass

Checklist

Please enclose all the relevant documents.

- 1 x photocopy of proof of residency within the borough of Wandsworth.
- 1 x photocopy of proof of identity.
- 1 x proof of Disability Living Allowance (if applicable). See section B 4.
- 2 x passport sized photographs with name printed on the back. (If applicable)
- 1 x copy of audiology report (If applicable).
- 1 x copy of BD8 Certificate (If applicable).

If the relevant documents are not included or the application form is not complete your form will be returned to you and your application for a Freedom Pass will take longer to be processed.

Now, please return this form and the above documents to:

Wandsworth Council

Supported Travel Team

PO Box 519

TWICKENHAM

TW1 9PG

Ethnic Group Classification

Though this section is optional, we would appreciate if you took the time to complete it. The purpose of this form is to provide us with information that will enable us to deliver services as effectively and equitably as possible.

What is your ethnic group?

Choose one section or tick 'I do not wish to say'.

WHITE

- British
- Irish
- Any other White background

BLACK OR BLACK BRITISH

- Caribbean
- African
- Any other Black background

MIXED

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background

ASIAN OR ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

CHINESE OR OTHER ETHNIC GROUP

- Chinese
- Any other

I DO NOT WISH TO SAY

If you need any further information or you need help in completing this form, please do not hesitate to contact a member of the Supported Travel Team on (020) 8871 8871.

If you need it in an alternative format (eg. large print, Braille or audio tape) please call (020) 8871 8871.

“Wandsworth Council has to protect the public money it deals with and may use the information you have given to prevent and detect fraud. For this reason, it may also share this information with other organisations dealing with public money”