

Taranaki

Total Mobility Scheme



Application

The purpose of the Total Mobility Scheme is to enhance community participation for people with impairments by providing access to appropriate transport. Assistance is provided in the form of subsidized door-to-door transport services wherever Total Mobility Scheme transport providers operate.

INSTRUCTIONS (Please complete each of the following steps)

- Step 1** Section A completed by applicant (or on their behalf)
- Step 2** Section B declaration and checklist completed and signed by applicant (or on their behalf)
- Step 3** Section C completed by an assessor (i.e. doctor, specialist or approved assessment facilitator)
- Step 4** Post the completed application to:
Total Mobility
Taranaki Regional Council
Private Bag 713
Stratford 4352

Section A - Applicant details

Section A must be completed by the applicant (or on behalf of the applicant). Please print clearly and answer all questions.

| |
|---|
| Title: <i>Mr/Mrs/Ms/Miss/Other:</i> |
| Surname: |
| First name(s): |
| Preferred first name: <i>to appear on your ID card</i> |
| Date of birth: |
| Residential address: |
| Postal address: <i>if different from above</i> |
| Phone number: |
| Mobile number: |
| Email address: |
| Alternative contact person: |
| Mobile or phone number: |
| Relationship to applicant: |

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

| <i>Tick appropriate boxes</i> | <i>Always</i> | <i>Sometimes</i> |
|-------------------------------|---------------|------------------|
| Manual wheelchair | | |
| Electric wheelchair | | |
| Mobility scooter | | |
| Walking frame | | |
| Walking stick | | |
| Guide dog | | |
| White cane | | |
| Travel companion/buddy | | |
| Crutches | | |
| Other (please specify) | | |

If you have any further queries please phone the Total Mobility team:

0800 868 662

Monday to Friday 8am–4.30pm.

Section B Photo Guidelines

2. Please advise the name of any disability community organisation(s) or support agency you are a member of, eg. CCS, IDEA Services, DPA, Parkinsons

Statistical information

Please tick the appropriate boxes. This information will not be used to identify you as an individual user.

3. Ethnicity

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

4. Work

- In full-time paid work
- In part-time paid work
- Undertaking voluntary work
- A superannuitant
- Student (primary/secondary/tertiary)
- Beneficiary (specify)
- Other (specify)

5. Have you previously used the Total Mobility scheme in any region?

Yes No Region

6. Trip estimate

Please estimate the average number of one-way trips per week you would like to request for Total Mobility-assisted transport. (To a destination, and back, is two trips).

| Trip reasons | Weekly one-way trips | | | | |
|----------------------------|----------------------|-----------|--------|--------|---------|
| | Rarely | 1 or less | 2 to 4 | 5 to 8 | 8 to 10 |
| eg: medical, shopping, etc | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Please provide a photograph

All approved Total Mobility Scheme participants will be provided with a photo ID card. You must pass your photo ID card to the driver at the beginning of every trip.

A clear ID photograph is required



Example

- Passport photos are acceptable.
- Please print applicant's name clearly on the back of the photo.
- A digital photo is welcomed. A jpeg image of at least 80kb file size should be emailed to transport@trc.govt.nz with name and contact details.
- Correct sizing and cropping will be done by the Council.
- Photo must be less than two years old.

ID card fee

Please attach the \$5 fee for your ID card to the application form. Cash is acceptable. Payment can be made online to the Taranaki Regional Council's BNZ account: 020756 0040555 00 – include Total Mobility and your name as a reference.

Section B - Total Mobility ID card application

Section B must be completed by the applicant.

Assessment fee

An assessment fee of \$12 is payable only if your assessment is carried out by an AccessAbility assessor.

Application checklist

Please ensure the following information is provided:

- (Section A) Applicant details completed
- (Section B) Signed and dated by applicant
- (Section C) Medical assessment completed
- Total Mobility ID photo emailed or attached
- \$5 fee for ID card attached or online payment completed
- \$12 assessment fee attached or paid online
(Payable only if assessment was through AccessAbility)

Assessment Declaration

1. I declare that the statements made in this application and the photo supplied is true and accurate.
2. I have never been refused Total Mobility services in the past because of fraudulent use of the Scheme.
3. I undertake to use my Total Mobility membership according to the conditions of use set by the Taranaki Regional Council.
4. I understand that if I fraudulently abuse the Total Mobility Scheme, my access to the Scheme will be withdrawn and I may be liable for prosecution.
5. I agree to use the Total Mobility Scheme in a responsible manner including taking the most advantageous route and minimising travel use where possible.
6. 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 purposes which will not identify me as an individual. Only Taranaki Regional Council Total Mobility staff, supporting staff of the New Zealand Transport Agency or Audit New Zealand (when they conduct official audits of the Total Mobility Scheme) will have access to personal information.

Conditions of Use

7. I authorise my doctor or other assessor to provide all information required for assessment of my application.
8. I understand that if insufficient information is supplied, registration with the Total Mobility Scheme may not be possible.
9. The Taranaki Regional Council may at any time revoke my membership of the Scheme in the event I have provided false information, or if I fail to meet the eligibility criteria in future or for any other reason whatsoever, including misconduct against a driver or vehicle. I understand that under the Privacy Act 1993, I am entitled to access the personal information about me that an assessor or the Taranaki Regional Council may hold.
10. I declare that I will notify Taranaki Regional Council Total Mobility staff of any change of circumstances that may affect my eligibility for the Total Mobility Scheme.

I understand that by accepting and using the Total Mobility (TM) card I am agreeing to the full Client Terms and Conditions of Use set by the Council and sent to me at the time of notification of my approval as a scheme member. I will read these Client Terms and Conditions carefully before using my TM card. I understand these terms and conditions may be amended from time to time and will be available at www.trc.govt.nz/total-mobility.

To be signed by Applicant

(or representative of the Applicant if they are unable to sign)

Signature:

Name: *(print)*

Date:

Please forward the completed form to:

Total Mobility
Taranaki Regional Council
Private Bag 713
Stratford 4352

Section C - Medical eligibility assessment

Section C must be completed by your doctor, specialist or assessment facilitator.

Handbook for assessing medical eligibility

The medical assessment guidelines are contained in the Total Mobility Handbook for Assessing Medical Eligibility. A copy is available on the website: trc.govt.nz/total-mobility or by phoning 0800 868 662.

Assessor responsibility

The assessment of an applicant is based on the components of a public transport journey. Where there is no public passenger transport system (in Taranaki that will mean a bus service) eligibility can be determined with reference to hypothetical rather than actual journeys.

Assessment

Applicant's name

Can the applicant, unaccompanied, complete the following tasks?

(In Taranaki, that is a bus journey)

| | Yes | No |
|--|--------------------------|--------------------------|
| Get to and from the nearest bus stop without assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| Stand and wait without assistance for a bus? | <input type="checkbox"/> | <input type="checkbox"/> |
| Get on or off a bus without assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| Handle money or bus ticket or card without assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| Travel securely on a bus without assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| Travel on a bus without getting confused or anxious? | <input type="checkbox"/> | <input type="checkbox"/> |
| Travel on an accessible bus if it was available? | <input type="checkbox"/> | <input type="checkbox"/> |

NB: 7 'yes' responses makes the applicant ineligible for the scheme

Which of these best describes the general nature of the impairment(s)?

- Physical Intellectual Neurological
 Mental/psychiatric Sensory (blindness, deafness, etc)

What is the primary cause of the applicant's impairment(s)?

- Congenital Due to disease/illness
 Result of accident Degenerative
 Multiple

The applicant's impairment is:

- Permanent
 Temporary (has lasted, or is likely to last for *six months or more*)

If the applicant's impairment is temporary, please state:

Date impairment started:

Date impairment ends:

Does the applicant require the use of a wheelchair capable or hoist vehicle? Yes No

Assessor declaration

I confirm that this applicant is eligible for the Total Mobility Scheme, and that the information made in this assessment has been recorded accurately and is true and complete, to the best of my knowledge.

Signature:

Date:

Assessor name:

Organisation:

Address:

Phone number:

Practitioner number:

For Council use only:

| Section A Form | Section B | | | Section C Eligibility Assessment | Application complete |
|-------------------|-----------|---------------------------|-----------|--|-------------------------|
| | \$5 | \$12 Access Ability | Photo | | |
| Initials: | Initials: | Initials: | Initials: | Initials: | Initials: |

Date:

Signature:
TRC Officer

Application status: Approved / Declined

If declined state reason / notes: