

Application for the Northern Territory Transport Subsidy Scheme (NTTSS)

CPVF21

Please read these instructions before completing this form.

Overview of the Scheme

The Northern Territory Transport Subsidy Scheme (TSS) provides financial assistance to permanent residents of the Northern Territory who have been assessed as having a disability or significant mobility restriction that prevents them from being able to travel on public transport.

The scheme is **not** intended to meet all costs associated with your travel and is subject to application criteria and available budget.

Criteria

To be eligible for NTTSS membership you must be a resident of the Northern Territory. You will be required to provide proof of your permanent residential address e.g. current Centrelink card, rates notice or utilities account i.e. Jacana (within the last six months).

Under the existing categories, ***you may be eligible to join this scheme if you are unable to safely use public transport due to:***

1. Dependence on a wheelchair/scooter for all mobility outside of the home.
2. Mobility restrictions as the result of a permanent disability.
3. Visual impairment.
4. Uncontrollable epilepsy with seizures involving loss of consciousness.
5. Intellectual disability, memory or communicative impairment.
6. Psychiatric disability.

The scheme does not assist people with short term mobility restrictions of six months or less following acute injury, fracture or surgery.

Membership

To apply for membership you must complete an application form and Doctor/Specialist or Allied Health Professional assessment. You must also provide two passport sized photographs (one certified).

There are five categories of benefit (A, B, B-MPV, C and D). Eligibility for each category is based on a medical assessment.

How to Apply

Application and assessment are required for membership of the scheme. Each application must be endorsed by your Doctor/Specialist or Allied Health Professional and will be assessed on an individual basis.

Part A – Pages 3 to 5 must be completed by the applicant, carer or agent. Also the applicant's declaration on page 5 must be completed, signed and dated by the applicant, carer or agent. The declaration by the witness of the photograph and proof of residency must be completed, signed and dated on page 4.

Completed application and associated paperwork should be submitted to:

**Commercial Passenger Vehicles Branch
Transport Subsidy Scheme Officer
GPO Box 2520
Darwin NT 0801**

The witness can be a:

List of Approved Persons		
<ul style="list-style-type: none"> • Aboriginal organisation committee member or chair • Accountant • Bank, credit union, building society officer • Commissioner of Oaths • Disability support organisation officer • Government disability support officer • Veterinary surgeon 	<ul style="list-style-type: none"> • Justice of the Peace • Lawyer/Solicitor/Barrister • Magistrate/Judge • Manager or Supervisor of a supported or aged care accommodation, or nursing home • Manager or Supervisor of a community, cultural or remote resource centre 	<ul style="list-style-type: none"> • Person qualified in a health related field (e.g. dentist, doctor, optometrist, occupational therapist, pharmacist, physiotherapist, psychiatrist, psychologist, registered nurse etc) • Police officer or aide • Public servant (NT or Commonwealth) • Real Estate Agent

Part B – Pages 6 to 10 must be completed by an Approved Health Professional which can be;

List of Health Professionals		
<ul style="list-style-type: none"> • Behavioural Educator • Chiropractor • Low Vision Orientation Coordinator • Medical Practitioner • Mobility Instructor 	<ul style="list-style-type: none"> • Occupational Therapist • Optometrist • Orthotist • Osteopath • Physiotherapist 	<ul style="list-style-type: none"> • Podiatrist • Prosthetist • Psychiatrist • Psychologist • Registered Nurse

If eligibility is unclear, additional medical information may be sought from your Doctor/Specialist or Allied Health Professional. Applications are usually processed within 10 business days of receipt. However the assessment process may be delayed if further information is required.

Approved applicants will be sent an acceptance letter and an NTTSS smartcard by the Department of Infrastructure, Planning and Logistics (DIPL).

Unsuccessful applicants will be advised in writing by DIPL. Applicants may appeal the outcome in writing, addressed to the Transport Subsidy Scheme Officer. Appeals will only be considered if additional relevant clinical information supporting the severity of the disability is provided by a Doctor/Specialist or Allied Health Professional.

Part A

NT Transport Subsidy Scheme Application

To be completed by the applicant
or his/her authorised agent/carer

OFFICE USE ONLY

NTTSS Member ID:

PLEASE PRINT CLEARLY

New Review Upgrade

Applicant's Details

Mr Mrs Ms Other.....

Surname

Given name/s

Date of birth

Please identify any other names you are known by?

Address

Residential address

.....
.....Postcode.....

Postal address (if different to residential)

.....
.....Postcode.....

Contact Details

Phone (home):

Phone (work):

Phone (mobile):

Fax:

Email:

Agent / Carer / Next of Kin Details:

Name

Relationship

Address

.....
.....Postcode:.....

Phone

Travel Details (please specify number (eg. 3) of regular return trips per week)

Social, entertainment, religious

Medical, dental, rehabilitation

Shopping, banking

Work, school, study

Type of Pension / Benefit

Employed

Pension/ Benefit

Other (please specify).....

Do you require a wheelchair accessible vehicle?

Yes No

Are you a current NT Transport Subsidy Scheme Member?

Yes No

Part A continued...

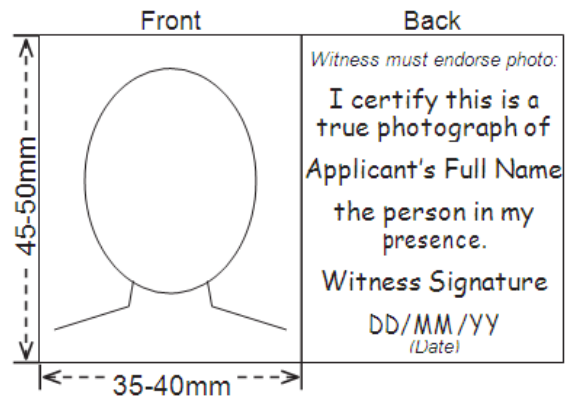
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NTTSS Member ID:

Photographs

The photographs must:

- Be no more than six months old
- Be passport size, which is 45-50mm high and 35-40mm wide
- Be in colour, printed on photo-quality paper without visible pixels or dot patterns
- Have plain, light coloured background
- Show applicant's head and top of shoulders
- Show the applicant looking directly at the camera with eyes open (if possible)
- Show the applicant with his/her hat and sunglasses removed

The witness must write the following statement and provide their signature and date on the back of one of the two photographs:



Please do not pin, staple or glue your photographs to this form.

Witness' Declaration of Applicant's Photographs and Proof of Residency

Witness' full name

I declare that (tick box):

Witness' full name (name of person making declaration)

I declare that I meet the following requirement to make this declaration (tick box):

- Health Professional Justice of the Peace, or Commissioner of Oaths Police Officer
 Solicitor, Barrister or Judge Other (please specify)

Name of applicant:

- I am satisfied that the photograph witnessed by myself represents the applicant's true identity
- I am satisfied that the document presented by the applicant as proof that the applicant is a resident of the Northern Territory, is current (i.e. not expired), or in the case of a rates notice or utility account, not more than six months old.
- The original or a certified copy of all documents sighted are attached to this application.

Witness' Signature

Date

Witness' Organisation

Phone

Part A

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Applicant's Declaration / Consent

I declare that the information provided in this application is complete, true and correct in every detail.

I consent to my Doctors, Specialists or other Health Professionals providing the Department of Infrastructure, Planning and Logistics (DIPL) with any personal information required to assess my application to the NTTSS if relevant to the application.

I understand that I may be interviewed if insufficient information has been provided for assessment.

If this application is approved, I undertake to observe the conditions governing the granting of the subsidy and acknowledge that failure to do so may lead to my withdrawal from the scheme.

I understand that costs associated with the completion of this form are my responsibility.

Privacy Statement: The personal information contained in your application will be used to assess your entitlements for the NTTSS, and may also be shared with the Registrar of Motor Vehicles for the purpose of driver licensing. Consistent with NT Government legislation and policy, we take all reasonable steps to protect the privacy of your personal and health information. We will only release your personal information with your consent or where this is permitted or required by law. You are able to request access to the information held about you by contacting the Transport Subsidy Scheme Officer.

A Card Provider is contracted by DIPL to produce a NTTSS member smartcard. Your name, membership number and photograph will be disclosed to the provider for the purposes of producing your NTTSS member smartcard. The Card Provider will not store or release your name, membership number or photograph.

Applicant's Signature

Date

Carer / Agent Name

Relationship to Applicant

Agent Organisation/s

Carer / Agent Phone

Carer / Agent Signature

Date

Part B TO BE COMPLETED BY A DOCTOR/SPECIALIST OR ALLIED HEALTH PROFESSIONAL

Please refer to list of Approved Health Professionals on page 2.

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Guidelines for specified health professionals

- Complete details of diagnosis, summary of clinical management and public transport.
- Please provide as much detail as possible to support this application

Select the appropriate criterion from page 7

- Complete details for the selected criterion as indicated.
- Sign and date page 10.
- Stamp or print contact details clearly.
- Advise applicant of requirement for two photographs (one to be certified), if not already provided.
- Certify one photograph and verify proof of residency, if requested and complete witness declaration on page 4.

The following reasons are **not** grounds for approval:

- Difficulty in accessing bus due to availability, timetable, remoteness or terrain.
- Financial constraints.
- Pension concession card eligibility.
- Inability to drive.
- Disability occurring in the recovery period following acute illness, injury or terrain.

The scheme does not assist people with short term mobility restrictions of five months or less following acute injury, fracture or surgery.

Failure to provide sufficient relevant information on this application could result in ineligibility or a request for further information and may delay assessment process.

Medical Details

Patient Name: Date of Birth:

Diagnosis or Diagnoses relevant to this application	Date of onset

Please provide summary of clinical management (e.g. medications, physiotherapy, surgery etc.)

- For approximately how long has this applicant been in your care? (e.g. five years or first consultation)

- Do you consider the applicant to have significant mobility restrictions? Yes No
- Is the severity of the applicant's condition expected to substantially improve, such that he/she will be able to use public transport in the future e.g. following major surgery? Yes No
 If **Yes**, when you do expect this to occur?
- Is this applicant able to use public buses? Yes No Intermittently

Part B

Continued...

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ONLY ONE CRITERION NEEDS TO BE COMPLETED

<input type="checkbox"/> Criterion 1 Complete on page 7 (dependence on a wheelchair/mobility device)	<input type="checkbox"/> Criterion 2 Complete on page 8 (significant mobility restrictions)
<input type="checkbox"/> Criterion 3 Complete on page 8 (significant visual impairment)	<input type="checkbox"/> Criterion 4 Complete on page 8 (severe and uncontrollable epilepsy)
<input type="checkbox"/> Criterion 5 Complete on page 9 (significant intellectual disability, significant Psychiatric condition, memory or communication impairment)	

Criterion 1: Dependency on Wheelchair / Mobility Device

Criterion 1 applications are to be completed by a Medical Practitioner / Specialist or Allied Health Professional.

- Does the applicant use a mobility aid? Yes No
- Where is the aid used? Indoors Outdoors
- What is the frequency of use? Always Occasionally
- Describe the type of mobility aid used (e.g. wheelchair, crutches, walker, stick)
.....
- Is the applicant dependant on a wheelchair or other device for mobility? Yes No
- If Yes, please provide the make, model and dimensions.
.....
- Also, if Yes, is the wheelchair able to be used in a wheelchair accessible vehicle (WAV) (in line with Australian Standards i.e. tie down points for restraints to secure in a WAV)? Yes No
- Is the applicant able to stand from sitting independently on a daily basis? Yes No
- Does the applicant require assistance from another person for mobility? Yes No
- Can the applicant ascend and descend 3 steps independently (using a rail)? Yes No
- How far can the applicant walk before needing to take a rest due to the severity of symptoms?
- Independently without aid
- With mobility aid (if used)
.....
.....
- Is this client able to independently transfer from wheelchair/mobility device to a car? If Yes, client will not require a wheelchair accessible vehicle. Yes No
- Is the client able to independently use and access a public transport bus using a wheelchair or mobility device? Yes No

Part B

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NTTSS Member ID:

Continued...

Criterion 2: Significant Mobility Restrictions

Criterion 2 applications are to be completed by a Medical Practitioner / Specialist or Allied Health Professional.

What symptoms does this client have that significantly limits his/her mobility?

Balance

Pain

Shortness of breath

Fatigue

Other, please specify.....

Is this client able to complete normal community activity e.g. shopping, using public transport?

Yes

No

If No, please provide details:

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Criterion 3: Significant Visual Impairment in Both Eyes

Criterion 3 applications are to be completed by an Ophthalmologist or Low Vision Coordinator / Assessor.

Does this applicant receive the Disability Support Pension (Blind) or Aged Pension?

Yes

No

Please specify visual impairment.....

Please outline why this client cannot use public transport:

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Criterion 4: Severe and Uncontrollable Epilepsy

Criterion 4 applications are to be completed by a General Practitioner / Medical Specialist. Applicants with epilepsy in a stable condition as a result of medication are not eligible for this scheme.

Does this client have a recent history of uncontrollable seizures?

Yes

No

Is there loss of consciousness?

Yes

No

How many seizures has the applicant had in the last three months?

Has the applicant been reviewed by a specialist in the last 12 months?

Yes

No

Please provide details of last review:

.....

.....

Date of last review:

...../...../.....

Is this client able to independently travel in a CPV?

Yes

No

Part B

Continued ...

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Criterion 5: Intellectual Disability Significant Psychiatric Condition, Memory or Communication Impairment

Criterion 5 applications are to be completed by a Medical Practitioner, Specialist Psychiatrist, Psychologist or Allied Health Professional. This criterion applies to applicants with significant psychiatric disabilities, cognitive impairment and includes people with dementia.

- Does this client have an intellectual/behavioural disability or communication impairment such that he/she is unable to access public transport without assistance? Yes No
- Does this client have a serious psychiatric condition such that he/she is unable to interact with the public transport system e.g. buy a ticket, identify the correct stop? Yes No
- Is this client able to independently travel in a CPV? Yes No
- Is this client able to independently travel in a CPV if he/she is met at both ends of the trip? Yes No
- Does this client have serious communication difficulties, such that he/she is unable to interact with the public transport system e.g. buy a ticket, identify the correct bus stop? Yes No
- Is this client likely to become aggressive, highly anti-social or self-harming due to his/her disability if he/she uses the public transport system? Yes No
- Is this client likely to become seriously disorientated or confused if he/she uses the public transport system? Yes No

Part B

Continued...

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SUMMARY - MUST BE COMPLETE IN ORDER FOR APPLICATION TO BE ASSESSED

In the following space, please summarise your opinion of the applicant's disability including any comments on how their medical or behavioural conditions bear on their application for subsidised transport.

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Medical Professional's Endorsement

Please print

Medical Professional's Name:	AHPRA Registration No. (Not Medicare provider):
Address:	Type of practice: General Practitioner <input type="checkbox"/> Specialist Practitioner <input type="checkbox"/> Allied Health Professional <input type="checkbox"/>
Phone:	Fax:
Specialisation:	Qualifications:

Medical Professional's Signature:

Date: