

Application form for Travel Vouchers

Disabled OR limited access to Public Transport

Only use this form to apply for the Suffolk Travel Voucher Scheme. If you have any queries, please contact the Free Travel Bus Pass Information Line on 0345 600 0659.

What are Travel Vouchers?

Travel vouchers have been introduced for people who qualify for a Suffolk Free Travel Bus Pass but are unable to use conventional public transport due to a severe disability or live in a remote location. Vouchers can be exchanged for travel in participating taxis, private hire vehicles and community transport operators, a list of which is available at www.suffolkonboard.com or you can contact your local taxi company directly.

How do Travel Vouchers work?

Vouchers are only valid for journeys that start or finish within the County of Suffolk up to a maximum of £20 in any one trip. Change will not be given for an “unused” portion of a voucher so, for instance, if the taxi fare is £3.50 you are advised to pay £3 with vouchers and the balance in cash. A person who qualifies for Travel Vouchers will be issued with Vouchers totalling **£100** per scheme year (1st April to 31st March). Vouchers will be issued on a pro-rata basis according to the date in which the application is received, as follows:

April £100	May £92	June £84	July £76	August £68	September £60
October £52	November £44	December £36	January £28	February £20	March £12

Vouchers must be used in the scheme year in which they were issued and cannot be exchanged for additional vouchers in a later year. Vouchers **CANNOT** be used on buses or trains and **CANNOT** be used on taxis and private hire vehicles not participating in the scheme. **Vouchers are not transferable.**

Do I qualify for Travel Vouchers?

To receive Vouchers you will need to meet one of the following criteria, EITHER:

- You are of current statutory pensionable age, i.e. you would qualify for a bus pass, but restrictions in the availability of public transport is such, that there are no more than 3 return bus services per week to a town with shops and other services from within the parish of residence in which you live.
- OR
- You qualify for a bus pass on the grounds of a disability (any age), and that disability is such that you are unable to use public transport.

Persons applying for and being issued with Travel Vouchers will not be entitled to a bus pass and will give up their right to have one by accepting to have Vouchers instead. If you already hold an ENCTS bus pass, this must be returned with your completed application.

Application Information

Please allow at least 10 working days for your application to be considered and if approved the vouchers to be issued. Please contact The Free Travel Bus Pass Information Line on 0345 600 0659 if you have not received your Vouchers in this time.

Suffolk County Council is unable to cover any costs incurred getting any letters/proof required from the medical profession or other specified medical person to support your claim for Vouchers.

Please do not hesitate to contact The Free Travel Bus Pass Information Line on 0345 600 0659 if you have any queries regarding your bus pass, or need help with your application.

Travel Vouchers can only be applied for by post to: **SCC Free Travel Bus Pass, P.O. Box 212, Waterlooville, PO7 6ZN.**

If applying for Travel Vouchers on the grounds of restricted access to Public Transport your application MUST include:

- the completed **original** application form
- one **copy** of a proof of age document from Table 1 (**do not send original documents**)
- one **copy** of a proof of address document from Table 2 (**do not send original documents**)
- one passport style/sized colour photograph placed on the application form as indicated (**please print your name on the reverse**)

If applying for Travel Vouchers on the grounds of a disability your application MUST include:

- the completed **original** application form
- one **copy** of a proof of address document from Table 2 (**do not send original documents**)
- one **copy** of a proof of Disability document from Table 3 (**do not send original documents**)
- one passport style/sized colour photograph placed on the application form as indicated (**please print your name on the reverse**)

Table 1

Proof of Age Documents
Birth certificate
VALID Driving licence
Proof of Pension entitlement
Medical Card
Passport

Table 2

Proof of Address Documents
VALID Driving licence
Recent utility bill
Most recent Council Tax bill
Proof of Pension entitlement

Table 3

Summary of Eligible Disability & acceptable supporting documents <i>(please see enclosed guidance for full criteria).</i>		
A	Persons who are blind or partially sighted.	<ul style="list-style-type: none"> • Proof of registration with Social Services. • If not on the Local Authority Register, evidence from an eye specialist, for example an optometrist, that you would qualify to be registered as severely sight impaired (blind) or sight impaired (partially sighted).
B	Persons who are profoundly or severely deaf.	<ul style="list-style-type: none"> • Proof of registration on a voluntary basis with Social Services. • Audiological report or a report from an aural specialist indicating that hearing loss has reached 70 – 95 dBHL.
C	Persons who are without speech.	<ul style="list-style-type: none"> • Letter from your G.P., Consultant, or Senior Practice Nurse confirming that you are Without Speech.
D	Persons who have a disability or have suffered an injury, which has a substantial and long term adverse effect on their ability to walk.	<ul style="list-style-type: none"> • In receipt of the Higher Rate Mobility Component of Disability Living Allowance for a minimum of 12 months. • Award of Personal Independence Payment (PIP) at 8 pts or more in the moving around activity. • In receipt of War Pensioners Mobility Supplement for a minimum of 12 months • Medical evidence that your walking ability is long term and substantially impaired • In receipt of a Disabled Persons Parking Badge (Blue Badge)
E	Persons who do not have arms or have long term loss of use of both arms.	<ul style="list-style-type: none"> • Letter from your G.P., Consultant, a Senior Practice Nurse or occupational therapist confirming your condition.
F	Persons who have learning disabilities	<ul style="list-style-type: none"> • Letter from your G.P., Consultant, or Senior Practice Nurse confirming that your learning disability meets the eligibility criteria. • Proof of registration with Social Services. • For children – a letter from the head teacher at a special school confirming eligibility as defined. • Award of Personal Independence Payment (PIP) at 8 pts or more in the communicating verbally activity.
G	Persons who if applied, would have their application for a driving licence refused on the grounds of medical fitness	<ul style="list-style-type: none"> • Letter from D.V.L.A. confirming the refusal/revocation of a driving licence for a minimum period of 12 months, or a letter from your G.P. or another suitable medical professional confirming that you are most likely to be refused a driving licence due to your medical condition. This does not include those excluded from holding a licence due to the persistent misuse of drugs and/or alcohol.

The section on the reverse of the application form must be completed by a medical professional if you are applying on the grounds of disability and are unable to use public transport.

PLEASE SEND PHOTOCOPIES ONLY. NO DOCUMENTATION WILL BE RETURNED

Suffolk County Council cannot accept any responsibility for items that are mislaid in the post.

Application for Travel Vouchers Disabled OR limited access to Public Transport	Office use only
	DoB
	Address
	Photo
	Disability
	Rest. Acc. or
	Sign/Date

- I am applying on the grounds of limited access to Public Transport
- I am applying on the grounds of a disability

Please ensure you supply:-

- One COPY of a proof of age document (Table 1) (if applicable)
- One COPY of a proof of address document (Table 2)
- One COPY of a proof of Disability document (Table 3) (if applicable)
- One passport style/sized colour photograph (Print name on reverse)
- The Medical Certification on the reverse of this form (if applicable)

Title Disability Category A B C D E F G

Surname

Forename

DoB (dd/mm/yyyy) / /

Gender (M/F)

NI No.

Address

Postcode

Telephone

email

DECLARATION:- I certify that the above information is correct, that I am eligible by Disability OR limited access to Public Transport and that I am a permanent resident within the County of Suffolk and that I will abide by the conditions of use which I understand may be revised from time to time. I understand that Suffolk County Council or its Agents may wish to seek medical or other professional evidence of my disability and authorise you to contact my medical referee as detailed overleaf. By signing this form, I am waiving my right to a concessionary bus pass, as per Section 145(6) of the Transport Act 2000 until the 31st March following the date of signature (where applications are made before the 31st March in any calendar year, this will be the 31st March in the following year)

Signed _____ Date _____

Top of photo

Clearly print your name on the reverse of your photo.

Please glue photo in the box indicated or use a paperclip to attach to form.

DO NOT USE SELLOTAPE OR STAPLES.

Ensure that the photo is not placed upside down.

Bottom of photo

Declaration by Medical Professional - This page must only be completed by a Medical Professional

I can confirm that the **details overleaf** are correct and the applicant meets the required eligibility for a Disabled Bus Pass on the grounds that they: (Please tick one box only)

- | | | |
|--|--|---|
| <input type="checkbox"/> are blind or partially sighted. (A) | <input type="checkbox"/> have a disability or have suffered an injury, which has a substantial and long term adverse effect on their ability to walk. (D) | <input type="checkbox"/> have severe learning disabilities. (F) |
| <input type="checkbox"/> are profoundly or severely deaf. (B) | <input type="checkbox"/> do not have arms or have long term loss of use of both arms. (E) | <input type="checkbox"/> would have their application for a driving licence refused on the grounds of medical fitness. (G) |
| <input type="checkbox"/> are without speech. (C) | | |

Description of Disability
(Sight/audio scores if applicable)

For guidance, please indicate how long the disability limitations will last in relation to the eligibility category:

1 year 3 years 5 years Life

Your Name and Medical Title.....

Contact Address

Telephone Number (land line):

Signed..... Date

Please refer any fees required by yourself to complete this form to the applicant. Should you require any further information regarding this form please contact The Free Travel Bus Pass Information Line on 0345 600 0659.
You may be contacted by the card issuer to verify these details.

Official Surgery Stamp
(Required)

How we use your personal information

For information about how Suffolk County Council (SCC) collects and uses personal data to provide and manage services please go to <https://www.suffolk.gov.uk/about/privacy-notice/>, or alternatively please contact the Concessionary travel team on 0345 600 0659.

SCC is required by law to protect the public funds it administers. To prevent and detect fraud it may share information provided to it with other bodies for these purposes and for; auditing or administering public funds. More information about how we collect and use personal data is available at <https://www.suffolk.gov.uk/about/privacy-notice/audit-data-matching-and-national-fraud-initiative-privacy-notice/>, or alternatively contact Internal Audit on 01473 265887.