

Application form for the freedom pass scheme Concessionary travel for people with a disability

- Please complete this form in **BLOCK CAPITALS**
- If you are the carer, please enter the disabled or blind person's details, not your own.

Surname:	Title:

Forename(s):	

Previous Surname:	

Date of Birth:	Age: years

Address	

Postcode	Contact Telephone N ^o :

Carer's Name if form not completed by applicant:	

If you have lived at the above address for less than 3 years please give	
Previous Address: -----	
(include Postcode)	

Please turn to page 2...→

FOR OFFICIAL USE ONLY		CI N ^o			Ackn01	
	Encl.	Requested	Received	Returned	GP01	
Photos					GP02	
PO Authority Form	Issued on:				Appt01	
Approved Category					Refsd/Aban	
Decision made by		Date			CI Closed	

Please consider which of the following categories most closely defines your condition. Under section 151 of the Transport Act 2000, you will qualify for a Disabled Persons Freedom Pass...

1	<p>If you are blind or partially sighted; We may issue a Freedom Pass to you if your sight is so impaired that in the view of a consultant ophthalmologist (eye specialist) or optometrist you are registerable as blind or partially sighted. If you are applying under category 1 please state which local authority you are registered blind or partially sighted with. If you are registered with another borough, or do not wish to be registered you will need to provide a copy of form CVI or BD8 or a report from your eye specialist confirming that your visual impairment is such that you are entitled to be registered as blind or partially sighted. I am registered blind or partially sighted with.....</p>
2	<p>If you are profoundly or severely deaf; We may issue a Freedom Pass to you if you have a severe hearing loss (i.e. if it reaches 70-95 dBHL), or a profound loss (i.e. if it reaches 95+ dBHL). Hearing loss is measured in decibels, as dBHL – Hearing Level. Please send a copy of any reports you have received from a medical specialist in sensory impairment e.g. an audiological report with this application form.</p>
3	<p>If you are without speech; We may issue a Freedom Pass to you if you are unable to communicate orally in any language. However we may not issue you with a pass if you are able to communicate orally but your speech is slow or difficult to understand because, for example, of a severe stammer or a recent stroke. Please send a copy of any reports you have received from a medical specialist in sensory impairment e.g. a report from an aural specialist with this application form.</p>
4	<p>If you have a disability, or have had an injury, which has a substantial and long-term adverse effect on your ability to walk; We may issue you with a Freedom Pass if we are able to ascertain that your walking ability is permanently and substantially impaired, for example if you have been awarded the higher rate of the mobility component of Disability Living Allowance. If you have been awarded either the higher rate of the mobility component of Disability Living Allowance or War Pensioners Mobility Supplement please send a recent copy of a letter from the Department of Work and Pensions (DWP) to confirm this. To be acceptable proof any letter that you send from DWP must be dated within the past 12 months. If you do not receive either of these two benefits your application for a Freedom Pass will be assessed and medical evidence will be sought to determine your entitlement to a Disabled Persons Freedom Pass.</p>
5	<p>If you do not have arms or have permanently lost the use of both your arms; We may also consider under this category people who have deformity of both arms and people who have both arms if in either case they are unable to use them to carry out day to day tasks. The loss must be to <i>both</i> arms. We will seek independent medical evidence to support your application.</p>
6	<p>If you have a significant or substantial learning disability; We may issue you with a Freedom Pass if you have been assessed from an early age as having a learning disability. This is a reduced ability to understand new or complex information, difficulty in learning new skills, and may also include an inability to cope independently. These disabilities must have had a lasting effect on your development. If it is not clear from our records that you meet this criteria, we will seek confirmation from your G.P.</p>
7	<p>If it can be shown that, were you to apply, you would be barred from holding a driving licence under section 92 of the Road Traffic Act 1988 on the grounds of your medical fitness – otherwise than on the ground of persistent misuse of drugs or alcohol. The list of medical conditions under which a person may be refused a driving licence is extensive. Before applying under this category, you should seek medical advice. We will seek independent medical advice to support your application.</p>

In addition to National scheme passes given to applicants who satisfy the qualifying conditions previously explained, this Council will approve London Only passes

8	If you receive support from social services under the National Assistance Act 1948 because you have a severe mental illness as identified and defined by a medical professional: provided this need has been assessed as part of an ongoing package of care including a requirement to attend regular and frequent day care for 12 months or more.
9	If you are registerable as physically disabled under the Chronically Sick & Disabled Persons Act 1970 : Though the Transport Act 2000 does not include this category in the scheme, we may nevertheless issue you with a London Only pass if we determine that doing so is supportive of an ongoing package of care from Social Services.

Please note: there are no other conditions under which Croydon council will issue a disabled person’s freedom pass. Renewal of a freedom pass is dependent on continuing eligibility. The decision to issue or refuse a disabled persons freedom pass rests solely with Croydon council.

Elderly person’s freedom passes

If you are a resident in this borough aged 60 years or more you will qualify automatically for an elderly persons freedom pass. You can obtain one by applying at the Post Office and producing evidence of your identity, age and address together with two passport sized photographs. Do NOT complete this form if you wish to apply for an elderly persons freedom pass. You can obtain the application form for an elderly persons freedom pass at main branches of the Post Office.

What you should do next.....

A) Please now write in this box the number(s) of the category(ies) under which you wish to apply for a disabled persons freedom pass



B) You should now complete the following questions and sign this application form on the back page. You should then send this form, together with three passport sized photographs bearing a recent likeness of yourself and some proof that you are resident in this borough to the concessionary travel service in the enclosed envelope. Acceptable proof of address may include a recent utility bill, letter from the Department of Work and Pensions, tenancy agreement etc.

1. What is your medical diagnosis? (do not worry if you are unsure how to spell it)

2. How long have you had this medical condition?

3. What medicines are you taking?

4. What other treatment are you having?

5. What is the name and address of your family doctor or the specialist familiar with your case?

Name:

Address:

Are you willing, if necessary, to have an occupational therapy assessment to determine the extent of your disability for the purpose of reaching a decision on your application?

Yes

No

DECLARATION & AUTHORISATION

My primary or sole residence is in the borough of Croydon.

I declare that to the best of my belief all the statements I have made on this form are true. I agree to Croydon Council contacting my family doctor, or other medical practitioner or specialist named on this form, for the purpose of obtaining information relating to my application. I understand that any information supplied by a medical practitioner is confidential and will not be disclosed to me by Croydon Council. (Croydon Primary Care Trust has agreed to pay a fixed fee for such medical statements. You will not be charged.)

Signed:

Date:

Name:

(Please print)

If signed by carer, please state relationship to applicant:

(Declaration to be signed by applicant if over 16 years old Carer may sign for a minor, or when acting with Power of Attorney)

Data Protection Information

The information provided by you will be handled in keeping with the Data Protection Act **1998**. Your details may be shared between Croydon Council, London Councils, and Transport for London (TfL) for the purpose of assessing your eligibility to receive a Freedom Pass. Croydon Council are under a duty to protect public funds and may use the information you have provided for the prevention and detection of fraud.

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