

## NT Taxi Subsidy Scheme Application

Please read these instructions before completing this form.

### ● Eligibility

The Northern Territory Taxi Subsidy Scheme (NTTSS) provides financial assistance for taxi travel, of up to 50 per cent of a taxi fare, for people with disabilities, or significant mobility restrictions, who are dependent on taxis for public transport. Taxi fares must be paid with combining the use of the NTTSS smartcard with payment of cash and/or credit/debit card.

The scheme is not intended to meet all costs associated with your travel and is subject to application criteria and budgetary availability.

### ● 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, current NT Driver's Licence, Rates Notice (within the last 6 months), or Utilities account i.e Power/Water (within the last 6 months).

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

1. dependence on a wheelchair/scooter for all mobility outside of the home
2. a disability with significant mobility restrictions
3. significant visual impairment in both eyes
4. severe and uncontrollable epilepsy, with seizures involving loss of consciousness
5. significant intellectual disability, memory or communicative impairment
6. significant psychiatric disability.

The scheme does not assist people with mobility restrictions following acute injury, fracture or surgery.

### ● Membership

To apply for membership you must complete an application form and Medical/Allied Health Professional Assessment. You must also provide 2 passport size photographs (1 certified).

Applications may be approved on a permanent or temporary (between 6 and 12 months) basis. Membership will be temporary where an applicant has a condition that could improve with medical and/or surgical treatment or rehabilitation.

### ● There are 5 categories of membership:

<p><b>Category D</b> This category is for very low or intermittent use, for applicants who have a disabling condition that "flares up" from time to time e.g. arthritis.</p>	<p><b>Category B</b> For this category, you need to use a taxi at least five (5) days a week on a regular basis and be financially disadvantaged because of your transport needs.</p>
<p><b>Category C</b> This category is for middle-range use, most approved applicants will receive this category.</p>	<p><b>Category A</b> Applicants with exceptional circumstances and considerable financial hardship may apply for this category. Ministerial approval of category A applications is required.</p>
<p><b>Category B MPV</b> You must be assessed as having to use a Multi-Purpose taxi for this category.</p>	

## ● Processing of Applications

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.

If eligibility is unclear, additional medical information may be sought from your doctor/specialist or allied health professional. Applications are usually processed within 6 weeks 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 Planning and Infrastructure (DPI).

Unsuccessful applicants will be advised in writing by DPI. Applicants may appeal the outcome in writing, addressed to the Taxi 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.

## ● How to Apply

**Part A – Page 4-6** must be completed by the applicant or the applicant's carer or agent. Also the applicant's declaration must be completed, signed and dated by the applicant or the applicant's carer or agent.

The declaration by the witness of the photograph and proof of residency must be completed, signed and dated on page 5. The Witness can be a health professional, a Justice of the Peace or Commissioner of Oaths, a police officer or a solicitor, barrister or judge.

**Part B – Page 7** must be completed in addition to the relevant criterion selection on **pages 8-10**. The criterion and category recommendation on **page 11** must be signed and dated by a doctor/specialist or allied health professional.

Completed application forms and associated paperwork should be sent to:

Department of Planning and Infrastructure  
Commercial Passenger Vehicles Branch  
Taxi Subsidy Scheme Officer  
PO Box 2520  
Darwin NT 0801

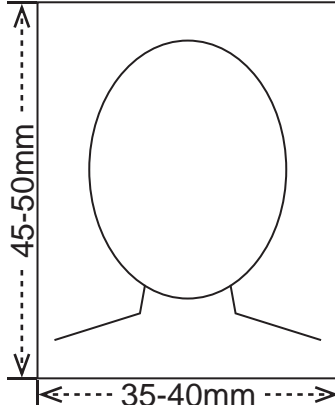
## ● Photographs

**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 using a high resolution,
- have a plain, light coloured background,
- show the 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 photographs must be attached to the top right hand corner of page 5 of this form with a paper clip. Do not pin, staple or glue your photographs to this form.**

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

Front	Back
	<p><i>Witness must endorse photo:</i></p> <p>I certify this is a true photograph of</p> <p>Applicant's Full Name</p> <p>the person in my presence.</p> <p>Witness Signature</p> <p>DD/MM/YY (Date)</p>

# NT Taxi Subsidy Scheme Application

## Applicant Checklist

Please check this list to ensure that all the required information is supplied with the application form.

### ● Part A of application form (page 4 – 6)

- completed by applicant or carer
- signed and dated by applicant or carer/agent
- completed by witness of photograph and proof of residency
- signed and dated by witness of photograph and proof of residency

### ● Part B of application form (page 7 – 11)

- completed by health professional as indicated for relevant criterion
- relevant criterion and category recommendation completed signed and dated by health professional

### ● Photographs

- 2 passport-size photographs
- 1 photograph witnessed, signed and dated

### ● Proof of Residency

- verify proof of residency by sighting Centrelink card, current NT Driver's Licence, Rates Notice (within the last 6 months), or Utilities account i.e Power/Water (within the last 6 months).

### ● Submit Application

**Please post the application and photographs to:**

Department of Planning and Infrastructure  
Commercial Passenger Vehicles Branch  
Taxi Subsidy Scheme Officer  
PO Box 2520  
Darwin NT 0801

### ● Further Information

**For further information contact:**

Taxi Subsidy Scheme Officer  
Telephone: 8924 7580  
Fax: 8924 7585

To obtain more information and/or to obtain a copy of this application form, please access the Commercial Passenger Vehicles Branch website: [www.nt.gov.au/taxisubsidy](http://www.nt.gov.au/taxisubsidy)

The information in this application form is for guidance only and is subject to the NTTSS policies.

# Part A

## NT Taxi Subsidy Scheme Application

CPVF30

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

OFFICE USE ONLY  
NTTSS Member ID:

Please print clearly

### Applicant's Details

Surname

Given Name(s)

Mr  Mrs  Ms  Miss  Other .....

Date of Birth

 /  / 

### Address

Residential Address

---

Postcode

Postal Address (if different to residential)

---

Postcode

### Contact Details

Phone (home):

Phone (work):

Phone (mobile):

Fax:

Email:

### Travel Details

<input type="checkbox"/> Social, Entertainment, Religious	Trips per week <input type="text"/>	<input type="checkbox"/> Medical, Dental, Rehabilitation	Trips per week <input type="text"/>
<input type="checkbox"/> Shopping, Banking	<input type="text"/>	<input type="checkbox"/> Work, School, Study	<input type="text"/>

Do you require a wheelchair accessible taxi?  Yes  No

### Type of Pension/Benefit

Employed  Pension/Benefit (tick box below)

<input type="checkbox"/> Aged Pension	<input type="checkbox"/> Veterans Affairs Pension	<input type="checkbox"/> Carers Pension
<input type="checkbox"/> Disability Support Pension	<input type="checkbox"/> Unemployed Related Benefit	<input type="checkbox"/> CDEP
<input type="checkbox"/> Other Govt Payment	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Other
<input type="checkbox"/> Motor Vehicle Accident Compensation		

If you answered yes to the above compensation questions, please specify benefits/entitlements:

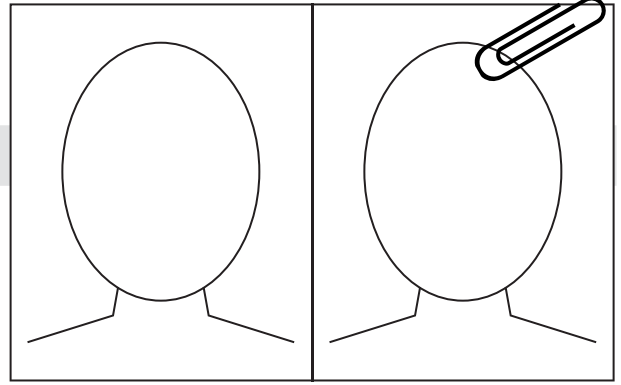
  

---

Mobility Allowance (from Centrelink):  Yes  No

# Part A continued...

Attach photographs here with paper clip



## ● Helpful NTTSS Member Photograph Tips

DPI understands that obtaining passport size photographs may be a challenge for some current and prospective NTTSS members. That is why DPI is accepting alternative and slightly lower standards for identification photographs than what is accepted for the issuing of passports and driver licences.

Both conventional and digital photography are acceptable, and conventional or digital printing methods may be used. However, digitally printed photos should be produced without visible pixels or dot patterns. Photos are not to be manipulated, for example, by removing spots or softening wrinkles.

Passport photos can be obtained from selected chemists, camera and photo developing shops. Passport photo booths, typically found in large shopping centres, may also produce photos of sufficient quality.

With the accessibility and low cost of digital cameras and high quality home printers, passport photos may be produced in a home environment. Digital cameras with a resolution of at least 2 megapixels produce passport sized images of sufficient quality.

## ● Witness' Declaration of Applicant's Photograph and Proof of Residency

Witness' Full Name

I declare that (tick box):

I meet the following requirement to make this declaration.			
<input type="checkbox"/> Health Professional	<input type="checkbox"/> Justice of the Peace, or Commissioner of Oaths	<input type="checkbox"/> Police Officer	<input type="checkbox"/> Solicitor, Barrister or Judge
I am satisfied that the <b>photograph</b> witnessed by myself represents the applicant's true identity. <input type="checkbox"/> Yes <input type="checkbox"/> No			
I am satisfied that the document presented by the applicant as proof that the applicant is a <b>resident</b> 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.			
<input type="checkbox"/> Centrelink Card	<input type="checkbox"/> Utilities Account	<input type="checkbox"/> Rates Notice	
<input type="checkbox"/> NT Driver Licence	<input type="checkbox"/> Other (please specify) .....		

Witness' Signature

Witness Phone No.

Date

# Part A continued...

## ● Applicant's Declaration

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 DPI with any personal, health or other information required to assess my application to the NTTSS. If relevant to the application, I also consent to Centrelink confirming my concession eligibility for the purpose of NTTSS assessment.***

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

I understand that if my application is approved and a subsequent review of my continued eligibility for membership is required, I may be required to be interviewed at that time.

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. 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 Taxi Subsidy Scheme Officer.

Cabcharge Australia is contracted by DPI to produce NTTSS member smartcards. Your name, membership number, address and photograph will be disclosed to Cabcharge Australia for the purposes of producing your NTTSS member smartcard. After your smartcard has been dispatched to you, Cabcharge Australia will return your photograph to DPI. Cabcharge Australia will not store or release your name, address or photograph.

Applicants Signature

Agents Signature

Agents Contact Phone No.

Date

Agent/Carer Name

Agents Relationship to Applicant

To be completed by your Doctor/Specialist or Allied Health Professional

OFFICE USE ONLY  
NTTSS Member ID:

### Guidelines for specified health professionals

select the appropriate criterion from page 1

- answer questions Q1 to Q7 below
- complete details for the selected criterion as indicated in Q7 below
- sign and date the selected criterion/category on page 11
- stamp or print contact details clearly
- advise applicant of requirement for two photographs (1 certified)
- certify one photograph if requested and complete witness declaration on page 5

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 surgery

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

Please tick the relevant box

Medical Practitioner     Medical Specialist     Allied Health Professional

### Public Transport

Q1. Is this applicant able to use Public Buses?     Yes     No

Q2. If Yes, how often?     Always     Intermittently

Q3. For approximately how long has this applicant been in your care?   
(e.g. 5 years or first consultation)

Q4. Do you consider the applicant to have significant mobility restrictions?     Yes     No

Q5. 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

Q6. If Yes, when do you expect this to occur (indicates temporary status)?    Date  /  /

Q7. Indicate **ONE** criterion from the list below relevant to this application.

**Criterion 1** Complete page 8  
(dependence on a wheelchair mobility device)

**Criterion 2** Complete page 9  
(significant mobility restrictions)

**Criterion 3** Complete page 9  
(significant visual impairment)

**Criterion 4** Complete page 9  
(severe and uncontrollable epilepsy)

**Criterion 5** Complete page 10  
(significant intellectual disability,  
memory or communication impairment)

**Criterion 6** Complete page 10  
(significant psychiatric disability)

**ONLY ONE CRITERION** is required for eligibility to the NTTSS, please **complete ONE relevant criterion.**

**● 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

Is this client able to use his/her wheelchair or mobility device independently on a daily basis?     Yes     No

Does the applicant require assistance from another person for mobility?     Yes     No

Is the applicant able to stand from sitting independently?     Yes     No

Can the applicant ascend and descend 3 steps independently (using rail)?     Yes     No

How far can the applicant walk before needing to 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 Taxi.     Yes     No

Is the client able to independently use and access a public transport bus using a wheelchair or mobility device?     Yes     No

**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:

**Criterion 3: Significant visual impairment in both eyes**

*Criterion 3 applications are to be completed by an Ophthalmologist or Low Vision Co-ordinator/Assessor. This applicant must have significant visual impairment, with eligibility for the Disability Support Pension (Blind) or Aged Pension or have a similar level of severe visual impairment.*

Does this applicant receive the Disability Support Pension (Blind) or Aged Pension?       Yes       No

Specify visual impairment:

Outline why this client cannot use public transport:

**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. Membership under this criterion is available for a maximum period of 12 months. After this time a further application will be required.*

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 3 months?

What was the approximate date of the applicant's last seizure?  /  /

Has the applicant been reviewed by a specialist in the last twelve months? (provide details below)       Yes       No

Last review date:      /      /

Is this client able to independently travel in a Taxi?       Yes       No

**Criterion 5: Intellectual disability, memory or communication impairment**

*Criterion 5 applications are to be completed by a Medical Practitioner, Specialist or Allied Health Professional. This criterion applies to applicants with significant 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

Is this client able to independently travel in a taxi?  Yes  No

Is this client able to independently travel in a taxi 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, locate correct bus stop etc?  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 disoriented or confused if he/she uses the public transport system?  Yes  No

**Criterion 6: Significant psychiatric disability**

*Criterion 6 applications are to be completed by a Medical Practitioner, Psychiatrist or a Psychologist. This criterion applies to applicants with significant psychiatric disabilities.*

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 taxi?  Yes  No

Is this client able to independently travel in a taxi 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, locate correct bus stop etc?  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 disoriented or confused if he/she uses the public transport system?  Yes  No

**● Recommendation**

It is recommended that this client be granted membership to the NTTSS:

**Temporary** (6 to 12 months basis) **OR**  **Permanent**

**Indicate eligibility criterion and rationale for category recommended.**

**● Criterion 1: Dependency on wheelchair/mobility device**

Category D     Category C     Category B     Category B MPV

Rationale:

**● Criterion 2: Significant mobility restrictions**

Category D     Category C

Rationale:

**● Criterion 3: Significant visual impairment in both eyes**

Category D     Category C

Rationale:

**● Criterion 4: Severe and uncontrollable epilepsy**

Category D     Category C

Rationale:

**● Criterion 5: Intellectual disability, memory or communication impairment**

Category D     Category C

Rationale:

**● Criterion 6: Significant psychiatric disability**

Category D     Category C

Rationale:

**● Contact Details - Medical Practitioner/Specialist/Allied Health Professional**

Name:       Date:  /  /

Contact Phone number:       Signature:

