

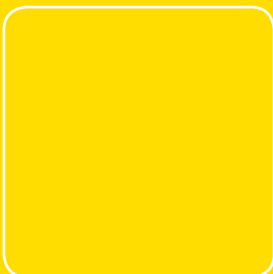
Application for Transport Assistance

Incorporating

Plus One FREE COMPANION

and the

**South Australian Transport
Subsidy Scheme (SATSS)**



Providing passenger transport support for people with permanent physical, cognitive, vision and intellectual impairment which affects their ability to use public transport independently.



Government of South Australia

Department for Transport,
Energy & Infrastructure



How to Apply

The **Plus One FREE COMPANION** card and the **South Australian Transport Subsidy Scheme (SATSS)** are intended to assist people who have severe and permanent impairments, which limit their ability to use public transport independently.

The **Plus One FREE COMPANION** card provides for free travel for a companion/carer accompanying a Plus One FREE COMPANION card cardholder on Adelaide Metro bus, train and tram services within metropolitan Adelaide.

The **South Australian Transport Subsidy Scheme (SATSS)** provides subsidised taxi travel to eligible members travelling within South Australia and interstate.

Who is eligible for Transport Assistance?

Permanent residents of South Australia who have severe and permanent disabilities which limit their capacity to use public transport, can apply for transport assistance.

Eligibility for transport assistance focuses on an applicant's permanent disability and the way this affects their ability to travel. As such functional assessment, not diagnosis or type of condition, is the basis for eligibility.

1: READ

Read these instructions for "How to Apply".

2: GET PHOTO

A current photograph of the applicant is required. You will need to obtain one colour, head and shoulder shot, of passport quality and size. You will need a guarantor to endorse your photograph **on the back** in writing "*This is a true photograph of [applicant's full name]*" and signing their name. The guarantor must be a responsible person who:

- Is 18 years of age or over;
- Has known the applicant for at least 12 months;
- Is not related to the applicant by birth or marriage;
- Is not in a de facto relationship with the applicant (this includes a same sex relationship);
- Does not live at the applicant's address.

3: FILL OUT APPLICATION FORM

The Application Form consists of 6 sections. The following Sections must be completed.

- Section 1 - Information about you
- Section 2 - General information about your Disability

The following sections are only to be completed if required:

- Section 3 - Cognitive Functioning and Intellectual/Mental Health Impairment
- Section 4 - Sensory Functioning - Vision Impairment
- Section 5 - Communication Functioning
- Section 6 - Application for a Plus One FREE COMPANION card

Each Section will tell you whether a Medical Practitioner or Health Professional can complete the information as required.

- A **Medical Practitioner** must be a person with a medical qualification - a General Practitioner (GP), or an appropriate **Medical Specialist** including: Gerontologist, Orthopaedic Surgeon, Neurologist or a Rehabilitation Specialist.
- An appropriate **Health Professional** is an Occupational Therapist or a Orientation or Mobility Instructor (for vision impairments), Neuro-Psychologist (for cognitive impairments) or Speech Pathologist (for communication impairments).

4: REMOVE APPLICATION FORM AND SEND

Remove the Sections of the Application Form that have been filled in and within 3 months of signing, together with your endorsed photograph and further documentation to:

SATSS Data Processing Services, GPO Box 2830, ADELAIDE SA 5001

Privacy Statement: Aggregated information may be used for statistical purposes but individuals will not be identified.

Transport Assistance for People with a Disability

Incorporating

Plus One FREE COMPANION

and the

South Australian Transport Subsidy Scheme (SATSS)

South Australians with disabilities, are able to apply for transport assistance under the Plus One FREE COMPANION card and the South Australian Transport Subsidy Scheme (SATSS).

Who is eligible for Transport Assistance?

Permanent residents of South Australia who have severe and permanent disabilities **which limit their capacity to use public transport**, can apply for transport assistance.

Eligibility for transport assistance focuses on an applicant's permanent disability and the way this affects their ability to travel. As such, functional assessment, not diagnosis or type of condition, is the basis for eligibility.

Who is NOT eligible for Transport Assistance?

People who are NOT eligible for a Plus One FREE COMPANION card and/or membership to the South Australian Transport Subsidy Scheme (SATSS) include:

- *People with challenging behaviours, such as physical aggression and absconding behaviour which places themselves, a driver or another passenger at risk;*
- *People who are legally blind and are able to travel independently at ALL TIMES on public transport. People who are legally blind are eligible to apply for a "Travel Pass for Person with Vision Impairment" which entitles the card holder to travel free of charge on all Adelaide Metro bus, train and tram services in metropolitan Adelaide;*
- *People with an impairment that is temporary or treatable;*
- *Children under 5 years of age will NOT be eligible for the Plus One FREE COMPANION card. All children under 5 years of age are required to travel with an adult on public transport as per the Passenger Transport Act 1994 Conditions of Travel.*

Plus One FREE COMPANION card

What is the Plus One FREE COMPANION card?

The Plus One FREE COMPANION card is designed to assist a wide range of people with physical mobility, cognitive, sensory or communication impairment/s, who cannot safely use public transport on their own, but who could use public transport with the assistance of a companion/carer.

The Plus One FREE COMPANION card also assists people who cannot travel independently at certain times (e.g. night) or on unfamiliar routes, but who can otherwise travel independently on public transport.

What benefits are available to holders of a Plus One FREE COMPANION card?

Holders of a Plus One FREE COMPANION card are able to travel on all Adelaide Metro bus, train and tram services throughout metropolitan Adelaide accompanied by a companion/carer. Whilst the Plus One FREE COMPANION card holder must be in possession of a valid metroticket and concession card (if applicable), the companion/carer travels free of charge.

Where can I use my Plus One FREE COMPANION card?

The Plus One FREE COMPANION card can **ONLY** be used on Adelaide Metro bus, train and tram services operating in metropolitan Adelaide.

The Plus One FREE COMPANION card is **not** recognised interstate and may **not** be accepted by any private bus, coach or rail services operating within and throughout South Australia.

SOUTH AUSTRALIAN TRANSPORT SUBSIDY SCHEME

What is the South Australian Transport Subsidy Scheme (SATSS)?

The South Australian Transport Subsidy Scheme (SATSS) is a State Government subsidised taxi travel program. It is for people with permanent and severe disabilities who, because of their disabilities, cannot safely use public transport either independently or accompanied by a companion/carer.

Consideration for eligibility to SATSS will include:

- *Evidence of a person's inability to use public transport;*
- *The effect of a combination of impairments on an individual's abilities;*
- *The appropriateness of SATSS to provide transport assistance;*
- *Consideration of personal safety issues (from the individual, transport provider and general public perspective);*
- *The mobility criteria for SATSS established prior to July 2005;*
- *Sensory impairments (including vision);*
- *Cognitive & intellectual impairment (including psychiatric & neurological conditions) and;*
- *Communication impairments.*

What benefits are available to SATSS members?

SATSS provides members with up to 80 personalised vouchers for subsidised taxi travel every six months. The subsidy applies to the first \$40 of a taxi fare, the member must cover the full amount of any fare over the \$40 maximum fare limit.

Membership is divided into two categories:

An Ambulant Member (those who are able to walk and who are not confined to a wheelchair) receives 50% subsidy (maximum subsidy of \$20 per voucher) and pays 50% of the fare themselves; or

Members confined to a wheelchair receive 75% subsidy (maximum subsidy of \$30 per voucher) and pay 25% of the fare themselves.

If the taxi fare is over \$40 the member must pay their required contribution plus any amount over the \$40. For example, if the taxi fare is \$42.50, an Ambulant member (50% subsidy) would pay \$22.50 (\$20 plus the \$2.50 over the \$40 fare) and the SATSS voucher would cover the remaining \$20.

Where can I use my SATSS vouchers?

Current green and gold SATSS vouchers can be used to subsidise a taxi trip in any state or territory in Australia. Members need to fill out the relevant details on the voucher before providing it to the taxi driver. The same level of subsidy on your fare will apply interstate as you would receive in South Australia.

What are my Membership Obligations?

Once your application is received it will be assessed. If approved for either the Plus One FREE COMPANION card or for membership to SATSS or both, you will receive the appropriate membership card and SATSS vouchers (if applicable) plus a copy of the conditions of issue and use.

How can I obtain further information?

Further information can be obtained from:

- **SATSS Data Processing Services**
GPO Box 2830, ADELAIDE SA 5001
Telephone 1300 360 840
- **Adelaide Metro InfoLine:** Telephone (08) 8210 1000
- **Adelaide Metro InfoCentre**
Corner of King William and Currie Street, Adelaide
- **Project Officer – Concessions & SATSS**
Public Transport Division (DTEI)
PO Box 1, WALKERVILLE SA 5081
Telephone (08) 8204 8169
- Department for Transport Energy and Infrastructure
Internet site: www.sa.gov.au
- Adelaide Metro website: www.adelaidemetro.com.au

How do I apply for Transport Assistance?

To apply for Transport Assistance in the form of the Plus One FREE COMPANION card and/or SATSS membership, you will need to complete the relevant sections, of the application form titled "Application for Transport Assistance".

Some applicants may need assistance from a general practitioner, medical specialist or mobility instructor to complete the application, whilst others may complete some sections of the form themselves.

Your application must be accompanied by a colour, head and shoulder shot, of passport quality and size which must be endorsed **on the back** by a responsible person. Refer to details in the How to Apply section.

Post your completed application form plus any supporting documentation (where required), plus your photograph to:

SATSS Data Processing Services
GPO Box 2830, ADELAIDE SA 5001

What information do I need to provide?

The information you need to provide is determined by the level of assistance you are applying for, namely the Plus One FREE COMPANION card and/or membership to SATSS.

Some applicants will require the assistance of their Doctor, medical specialist or mobility instructor to complete the application.

Persons applying for the Plus One FREE COMPANION card

will need to supply supporting documentation indicating their current & ongoing involvement with any one of the following:

- Commonwealth Accommodation Services;
- Department of Veteran's Affairs Attendant Allowance;
- Centrelink Carer Payments;
- Centrelink Carers Allowance;
- State funded accommodation services or (attendant care) personal support services.
- Travel Pass for Person with Vision Impairment (issued by the Government of South Australia) or the Centrelink Disability Support Pension (Blind).

If you have a physical mobility, cognitive, sensory or functional communication impairment and you do not receive any of the above listed entitlements, you can still apply for a Plus One FREE COMPANION card. You will need to provide documentation relating to your need for assistance while travelling on public transport.

This documentation should include any training you have undertaken in relation to travel on public transport, the name of the training agency, the name of the trainer, and the date and duration of the training.

What happens once I have sent in my Application?

Some applications may be more complicated than others. Further information may be sought from your doctor, other health professional or disability support service. These applications may take longer to process.

Once your application has been processed, you will be advised in writing of the outcome.

SATSS members will receive their first book of vouchers, their photographic identification card (which must be carried when using a taxi) and details outlining how the scheme works.

If you are approved to receive a Plus One Companion card you will receive your photographic identification card (which must be carried at all times when travelling on public transport) and details outlining the conditions of use.

OFFICE USE ONLY

Member #

Please attach,
with paper clip
**One Endorsed
Photo**
35mm x 45mm
colour "head &
shoulders" shot
of the Applicant

APPLICATION FORM - SECTION 1

Information about you

Membership is issued in the name of the person with the disability.

One application must be completed per applicant.

Is this your first application? Yes No

(Please Print Answers)

***Surname:** Mr/Mrs/Miss/Ms

***Given Names:**

***Residential Address:**

***Post Code:**

***Phone No.:** (Home) (Work/Mobile)

Email Address:

***Medicare Card No:**

(For administrative and identification purposes relating to your application only. Your Medicare Records will not be accessed)

Your country of birth:

***Date of birth:** / /

How well do you speak English? (Proficiency in English)

Good Average Poor

Your main language other than English spoken:

***Can you sign your name?** Yes No

What are your reasons for applying for Transport Assistance?:

*Mandatory fields

Please provide the following information about the Medical Practitioner you usually attend appointments with:

Medical Practitioner's Name: _____

Medical Practice: _____

Contact Number: _____

If your Carer or Legal Guardian has assisted you to complete this form, please provide their name and have them sign and date this application:

Carer or Legal Guardian's Name: _____

Signature: _____

Date: _____

Applicant Declaration:

- I declare that I am a permanent resident of South Australia.
- I approve my medical practitioner or health professional releasing information relating to this application to the Department for Transport, Energy and Infrastructure (DTEI) and it's agents for the assessment and administration of transport assistance.
- I approve the organisations/services nominated within this application releasing information relating to this application to the Department for Transport, Energy and Infrastructure (DTEI) and it's agents for the assessment and administration of transport assistance.
- I certify that the information provided is correct and undertake to advise DTEI - SATSS Data Processing Services within 14 days, should circumstances change.
- I undertake to observe all of the conditions covering transport assistance, where granted to me through the Plus One FREE COMPANION card and/or the South Australian Transport Subsidy Scheme.

APPLICANT'S SIGNATURE:

(Please sign completely within the rectangle using a black pen. If your signature goes outside of the rectangle, the application may be returned to you for resigning.)

Date: / /

If the applicant is unable to sign their name, please indicate this in the rectangle above.

This form MUST be sent with your application.

General Information about your Disability

Applicant's Medical Practitioner must complete all questions in this Section and certify this information to be correct at the end of the Section.

A1: Medical Diagnosis:

Only a Medical Practitioner can provide a diagnosis

If this section is not completed by a Medical Practitioner, please attach signed documentation from a Medical Practitioner

1.	2.	3.
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A2: What is the applicant's condition likely to do?

<input type="checkbox"/> Deteriorate	<input type="checkbox"/> Stay the same
<input type="checkbox"/> Improve	<input type="checkbox"/> Unknown
Over what time frame? <input type="checkbox"/> years	

A3: Is the applicant undergoing rehabilitation or likely to have a restorative procedure to improve their condition?

Yes (if yes, please provide details) No

A4: Is the applicant's impairment alleviated by behavioural intervention or medication?

Yes (if yes, please provide details) No

A5: If the applicant has any continence management issues, how are they managed?

<input type="checkbox"/> Always managed	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Sometimes managed	<input type="checkbox"/> Not managed

A6: Please list any other issues that impact on the person's ability/inability to use public transport or taxis with or without assistance?

Physical Mobility

A7: Can the applicant negotiate three steps of 350mm high?

- With assistance
- Without assistance
- Never

A8: How far can the applicant walk without brief rests?

_____ metres

A9: Can the applicant use their arms to assist balance & safety when using public transport?

- Always
- Never

A10: Is the applicant permanently dependent upon a wheelchair for all mobility?

- Yes
- No

A11: Does the applicant currently require use of a mobility aid, if so please indicate which aid is currently used:

I have verified the identity of the applicant Yes No

I have known the applicant for years

I certify that the information provided in this Section is complete and accurate

Medical Practitioner

Name: _____

Name & Provider Number:

Address: _____

(printed or stamped)

Post Code: _____

Telephone: _____

Signature: _____

Date: _____

Please tear out this Section and return it with Section 1 and any other Sections that are applicable, along with any relevant documentation to:
SATSS Data Processing Services, GPO Box 2830, ADELAIDE SA 5001

Cognitive Functioning and Intellectual/Mental Health Impairment

Applicant's Medical Practitioner OR Health Professional is to complete this section (for a definition of "Medical Practitioner" or "Health Professional" please refer to the How to Apply section on the inside cover)

B1: Has the applicant relinquished their drivers licence?

- Yes No

(If yes, please provide reasons and approximate date of surrendering licence)

B2: Does the applicant require the assistance of another person (excluding the driver) when travelling on public transport and/or taxis?

- Yes, Public Transport
 Yes, Taxi
 No

(If yes to either, please describe the level of assistance required)

B3: Is the applicant able to give directions to the driver (e.g. departure, destination) and handle money independently?

- Yes No

Give details

B4: Does the applicant experience challenging behaviours such as unpredictability, aggression, absconding behaviours, agitation?

- Always
 Sometimes
 Never

(If always or sometimes, please provide details and severity of the behaviour)

B5: Under what circumstances does the applicant's disability prevent them from using public transport (e.g. changes to routes, unexpected delays or events)?

B6: Is the applicant capable of being trained to use public transport (e.g. a bus) on their own most of the time?

Yes No

B7: Is the applicant capable of being trained to use public transport most of the time, with the aid of a companion or carer?

Yes No

B8: Has the applicant received any transport training with regard to public transport, e.g. buses?

Yes No

(If yes, please provide the following information)

Training Organisation: _____

Trainer's Name: _____

Contact Number: _____

Organisation's Address: _____

Date of Training: _____

Duration of Training: _____

Outcome of training?

Successfully completed

Training ongoing Training not completed

If training could not be completed, please provide comment:

Please identify the Medical Practitioner or Health Professional who has completed this section:

I certify that the information provided in this Section is complete and accurate

Medical Practitioner's Name & Provider Number
Name: _____

Provider Number: _____

Signature: _____

Date: _____

OR

Health Professional Name & Registration Number
Name: _____

Registration Number: _____

Organisation: _____

Signature: _____

Date: _____

Please tear out this Section and return it with Section 1, Section 2 and any other Sections that are applicable, along with any relevant documentation to:
**SATSS Data Processing Services,
GPO Box 2830, ADELAIDE SA 5001**

Sensory Functioning - Vision Impairment

Applicant's Medical Practitioner OR Health Professional is to complete this section (for a definition of "Medical Practitioner" or "Health Professional" please refer to the How to Apply section on the inside cover)

C1: Is the applicant legally blind as determined by the meaning of "permanent blindness" under the Social Security Act 1991 (Commonwealth)?

Yes

No

C2: Please describe the level / severity of vision loss?

C3: Does the applicant require the assistance of another person (not including the driver) when travelling on public transport?

Yes

No

C4: Can the applicant use public transport (e.g. a bus)?

All of the time

Most of the time

Sometimes

Not at all

C5: Under what circumstances does the applicant's disability prevent them from using public transport (e.g. different times of day, changes to or infrequently travelled routes)?

C6: Does the applicant use any aids (e.g. flash cards, long cane, guide dog)? - please comment.

C7: If the applicant has a hearing loss what is the impact on their ability to use public transport.

C8: Does the applicant require the use of hearing aids?

Yes

No

C9: Is the applicant capable of being trained to use public transport (e.g. a bus) on their own most of the time?

Yes

No

C10: Is the applicant capable of being trained to use public transport most of the time, with the aid of a companion or carer?

Yes No

C11: Has the applicant received any mobility and/or orientation training with regard to public transport, e.g. buses?

Yes No

(If yes, please provide the following information)

Training Organisation: _____

Trainer's Name: _____

Contact Number: _____

Organisation's Address: _____

Date of Training: _____

Duration of Training: _____

Outcome of training?

Successfully completed

Training ongoing

Training not completed

If training could not be completed, please provide comment:

Please identify the Medical Practitioner or Health Professional who has completed this section:

I certify that the information provided in this Section is complete and accurate

Medical Practitioner's Name & Provider Number

Name: _____

Provider Number: _____

Signature: _____ Date: _____

OR

Health Professional Name & Registration Number

Name: _____

Registration Number: _____

Organisation: _____

Signature: _____ Date: _____

Please tear out this Section and return it with Section 1, Section 2 and any other Sections that are applicable, along with any relevant documentation to:
**SATSS Data Processing Services,
GPO Box 2830, ADELAIDE SA 5001**

Communication Functioning

Applicant's Medical Practitioner OR Health Professional is to complete this section
(for a definition of "Medical Practitioner" or "Health Professional" please refer to the
How to Apply section on the inside cover)

D1: Can the applicant communicate independently (i.e. expressing and receiving information)?

Yes No
(If no, please comment)

D2: Has the applicant undergone communication training for mobility or equivalent?

Yes No
(If yes, please state training provided)
(If no, please state why training has not been provided)

Outcome of training?

Successfully completed
 Training ongoing Training not completed

If training could not be completed, please provide comment:

Please identify the medical Practitioner or Health Professional who completed this section:

I certify that the information provided in this Section is complete and accurate

Medical Practitioner's Name & Provider Number
Name: _____

Provider Number: _____

Signature: _____ Date: _____

OR
Health Professional Name & Registration Number
Name: _____

Registration Number: _____

Organisation: _____

Signature: _____ Date: _____

Please tear out this Section and return it with Section 1, Section 2 and any other Sections that are applicable, along with any relevant documentation to:
**SATSS Data Processing Services,
GPO Box 2830, ADELAIDE SA 5001**



Government of South Australia

APPLICATION FORM - SECTION 6

Plus One FREE COMPANION card

This particular Section should only be filled in if you wish to be considered for a Plus One FREE COMPANION card.

The information you provide in this section is used to indicate your need for a carer:

Do you or your Carer receive one of the following:

- Department of Veterans Affairs attendant allowance
- Centrelink Carer Payment
- Centrelink Carers Allowance

If the Applicant or their carer is in receipt of any of these 3 items, **please provide a current copy of your income/benefit statement OR a letter from Centrelink confirming current receipt**, to support your application.

- Travel Pass For Person With Vision Impairment (issued by the Government of South Australia)

- Centrelink Disability Support Pension (Blind) or Age Pension (Blind)

Disability or Aged Pension (Blind) applicants must **provide current documentation confirming the category of the pension they receive**, e.g. a copy of their valid Pension Card clearly stating "Blind" or a letter from Centrelink.

Do you live in a State funded accommodation service, Commonwealth funded aged care facility OR do you receive personal support from a State or Commonwealth funded agency? - this does not include Housing Trust accommodation

- Yes
- No

(If yes, please provide the name and contact information for the organisation/service where you live or who provides most of your support)

Organisation's Name: _____

Contact Number: _____

Nature of Support provided (i.e. attendant care) _____

If you have a physical mobility, cognitive, sensory or functional communication impairment and you do not receive any of the above listed entitlements, you can still apply for a Plus One FREE COMPANION card. You will need to provide documentation relating to your need for assistance while travelling on public transport, including any training you may have undertaken in relation to travel on public transport.

YOUR APPLICATION FOR A PLUS ONE FREE COMPANION CARD IS NOW COMPLETE.

**If you are just applying for the Plus One FREE COMPANION card you should tear out this page and return it with Section 1 and any other relevant information to :
SATSS Data Processing Services, GPO Box 2830, ADELAIDE SA 5001**



Government of South Australia

**FOR FURTHER INFORMATION REGARDING THE
TRANSPORT ASSISTANCE FOR PEOPLE WITH A DISABILITY,
PLEASE CONTACT:**

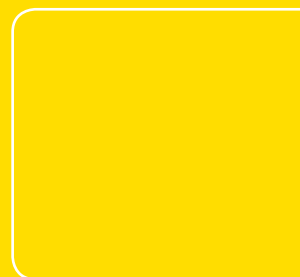
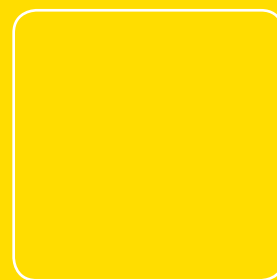
South Australian Transport Subsidy Scheme - Telephone 1300 360 840
9 am to 5 pm (business days), Monday to Friday.

Adelaide Metro InfoLine - Telephone (08) 1300 311 108
7 am to 8 pm, Monday to Sunday

Alternatively you may wish to download further
information from our internet site at:

www.sa.gov.au

(click on 'Transport, travel & motoring', then 'Getting around with a disability or mobility aid',
then 'Public transport help for people with disabilities').





Government of South Australia

Department for Transport,
Energy & Infrastructure

