

Transport Assistance for People with a Disability

SATSS Vouchers for NDIS Participants

The Federal Government has agreed to fund SATSS trips for NDIS participants until 30 October 2025 or until the date that participant plans are reviewed.

For SATSS members who are not eligible for the NDIS, this will not affect you and you will continue to be supported under the existing Scheme.

****Please note - any person aged 16 to 64 applying for SATSS membership or already an existing SATSS member will need to apply to the NDIS.**

dit.sa.gov.au

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Government of South Australia
Department for Infrastructure
and Transport

Application for Transport Assistance

Incorporating

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

and the

**Plus One FREE
COMPANION Card**



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**

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

SATSS provides subsidised taxi travel to eligible members travelling within South Australia and interstate.

The **Plus One FREE COMPANION** card provides 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.

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 independently, can apply for transport assistance.

Applicants who may be eligible for support through National Disability Insurance Agency (NDIA) are required to be assessed through that Agency in the first instance.

Refer to contact details at the end of the application.

How to Apply

1: GET PHOTO

A current (no older than 12 months) photograph of the applicant is required. The photo must be in colour, show the applicants head and shoulders, and be of passport quality and size. A guarantor must endorse the photograph **on the back** in writing with "This is a true photograph of [applicant's full name]" and sign 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.

2: 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 applicable to you:

- 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 for vision impaired an Orientation or Mobility instructor, Neuro-Psychologist (for cognitive impairments) or Speech Pathologist (for communication impairments).

3: SUBMIT APPLICATION

Together with your endorsed photo and relevant documentation, submit the completed sections of the application form to SATSS. This must be done within three (3) months of the date the doctor signed.

**SATSS Customer 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

South Australian Transport Subsidy Scheme (SATSS)

and the

Plus One FREE COMPANION Card

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

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 independently**, 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 basis for eligibility.

Applicants who may be eligible for support through the National Disability Insurance Agency (NDIA) are required to be assessed through that Agency in the first instance.

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.*
- *People assessed as eligible for National Disability Insurance Agency support including transport assistance.*
- *Children under the age of 16 years.*

The following factors WILL NOT be considered in an application:

- *Availability or proximity to public transport*
- *Length of journey/timetable problems: having to catch two or more buses or inconvenient timetables*
- *Ability to drive or ownership of a motor vehicle*
- *Financial constraints*

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, or those who cannot travel independently at certain times (e.g. night) or on unfamiliar routes.

How does it work?

A companion/carer can travel free of charge on Adelaide Metro bus, train and tram services when accompanying a holder of a Plus One FREE COMPANION card. Card holders must be in possession of a Plus One FREE COMPANION card, together with a valid Metro Ticket, metroCARD or Concession Card (if applicable) when travelling.

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)?

SATSS is a State Government subsidised taxi travel program 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 independently or with a companion/carer;
- 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);
- 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 trips for subsidised taxi travel which must last for at least 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.

SATSS members can travel with up to 3 passengers.

Membership is divided into two categories:

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

Members permanently dependent on a wheelchair for mobility receive 75% subsidy (maximum subsidy of \$30 per trip) and pay 25% of the fare themselves.

Where can I use my SATSS trips?

Current SATSS trips can be used to subsidise a taxi journey within South in Australia.

How do I apply for Transport Assistance?

To apply for Transport Assistance, you will need to complete the relevant sections, of the application form titled "Application for Transport Assistance".

- Section 1 and Section 6 may be completed by the applicant.
- Section 2 must be completed by a medical practitioner or a medical specialist.
- Sections 3-5 must be completed by a medical practitioner, medical specialist or health professional.

Your application must be accompanied by an endorsed passport quality photo. Refer to details in the How to Apply section.

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 sections of the Application Form must be completed by a medical practitioner, medical specialist or health professional. This is indicated at the top of each section.

Persons applying for the Plus One FREE COMPANION card will need to supply supporting documentation indicating their current and ongoing involvement with ANY ONE of the following:

- Commonwealth Accommodation Services
- Department of Veteran's Affairs Attendant Allowance
- Centrelink Carer Payments
- Centrelink Carers Allowance
- 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.

What happens once I have sent in my Application?

Your application will be assessed and 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.

Approved applicants will receive their SATSS membership card within 10-14 days.

For more information about SATSS member cards and the SATSS scheme visit satss.sa.gov.au

How can I obtain further information?

South Australian Transport Subsidy Scheme

GPO Box 2830
Adelaide SA 5001
Telephone 1300 360 840

Adelaide Metro InfoLine

1300 311 108

Adelaide Metro InfoCentre

Adelaide Railway Station, North Terrace, Adelaide

APPLICATION FORM - SECTION 1**Information about you**

This section can be filled in by the applicant

Membership is issued in the name of the person with the disability.* New photo is **not** required
if one has been provided in
the last 10 years.***Denotes Mandatory Field****One application must be completed per applicant.**

Are you an existing SATSS member?

☐ Yes☐ No

For existing members, please provide your membership number:

Please indicate why you have submitted a further application:

☐ Review☐ Upgrade

If you are not an existing member, is this your first application?

☐ Yes☐ No

I am a permanent resident of South Australia?

☐ Yes☐ No***Do you have a plan with the:****National Disability Insurance Scheme (NDIS)?**☐ Yes☐ No

If no and over 65, complete application.

If no and under 65, refer NDIS in the first instance.

Lifetime Support Authority?☐ Yes☐ No**(Please Print Answers Clearly)*****Title:*****Surname:*****Gender:*****Given Names:*****Your country of birth:*****Date of birth:** / /***Residential Address:** (must not be a post office box)***Postcode:*****Postal Address** (if same as residential address please tick ☐ Yes, if not, please provide***Postcode:*****Phone No.:** (Home)

(Work/Mobile)

Email Address:

(for journey summary/trip balance notifications)

Alternate contact name:**Alternate contact email:** (for journey notifications)

***Relationship** (please tick) ☐ Spouse/Partner ☐ Guardian ☐ Support Worker ☐ Brother/
☐ Son/Daughter ☐ Friend/Neighbour ☐ Other Family member ☐ Sister
☐ Other

***Phone No.:** (Home)

(Work/Mobile)

***Is English your first language?** ☐ Yes ☐ No

***If NO, what is your first language or the main spoken language other than English?**

***If NO, how well do you speak English?** (proficiency in English)

☐ Well ☐ Average ☐ Poor

***Please indicate your usual residential situation:**

In residential aged care ☐

In supported accommodation ☐

In family home with no additional support ☐

In family home with family/full time carer ☐

At home with part time support ☐


Other (e.g. rehabilitation facility) – please indicate: ☐

If your support is part time, please indicate the number of hours and types of support

***What are your reasons for applying for Transport Assistance?**

***Can you transfer to a standard taxi?** ☐ Yes ☐ No

***Mandatory Fields**

 **Turn over page**
for more questions
to complete

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

Medical Practitioner's Name: _____

Medical Practice: _____

Medical Practice Address: _____

Contact Number: _____

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

****Email address will be used to communicate journey information and balances of trips.**

Carer or Legal Guardian's Name: _____

Contact details: Phone: _____

Email: _____

Signature: _____

Date: _____

Applicant Declaration:

- I approve my medical practitioner or health professional releasing information relating to this application to the Department for Infrastructure and Transport (DIT) and its 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 DIT and its agents for the assessment and administration of transport assistance.
- I certify that the information provided is correct and undertake to advise DIT – SATSS Customer Services within 14 days, should circumstances change.
- I undertake to observe all of the conditions covering transport assistance, where granted to me through the South Australian Transport Subsidy Scheme and/or the Plus One FREE COMPANION card.
- I understand that a review of SATSS membership, including level of subsidy, can be requested by DIT at any time.
- I approve DIT and its agents releasing the personal details contained in this application to National Disability Insurance Agency (NDIA), where necessary in relation to transport assistance.
- I declare that I will notify SATSS if my condition changes in any way.

***I declare I am a permanent resident of South Australia**

☐

Yes

☐

No

***APPLICANT'S SIGNATURE:**

Signature: _____

Date: _____

If the applicant is not capable of signing, then the following declaration should be signed.
I certify that the applicant has either read this application, or that the applicant has had them read to him or her and agrees to the statements in the Applicant Declaration printed above.

SIGNATURE OF WITNESS TO APPLICANT'S CONSENT:

Signature: _____

Date: _____

Name: _____

Address: _____

Postcode: _____

Contact Phone No.: _____

This section must be sent with your application.

***Mandatory Fields**

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.

Name of Applicant:

***A1: Medical Diagnosis:**

Only a Medical Practitioner can provide a diagnosis.

If a diagnosis impacts on **cognitive functioning/ mental health**

Section 3 of this application is also **mandatory**

1.

2.

3.

If the diagnosis is a result of a medical or surgical event please provide date of event: _____

***A2: What is the applicant's condition likely to do?**

☐ Deteriorate

☐ Stay the same

☐ Improve

☐ Unknown

Over what time frame?

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 and complete section 3) ☐ No

***A5: If the applicant has any continence management issues, are they managed with diapers (Adult)?**

☐ Always managed

☐ Not applicable

☐ Sometimes managed

☐ Not managed

If not always managed please provide more details:

***A6: How do these disabilities impact on the applicant's ability/inability to use public transport or taxis with or without assistance?**

***Mandatory Fields**

APPLICATION FORM - SECTION 2: (CONTINUED)

Physical Mobility

***A7: Can the applicant ascend and descend 3 steps of 350mm high independently (using rail)?**

- ☐ Without assistance
☐ With assistance
☐ Never

***A8: How far can the applicant walk before needing to rest due to the severity of the symptoms?**

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, for medical reasons, 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 have completed Section 2 and certify that the information provided is complete and accurate**

***Medical Practitioner Signature:**

Date:

Medical Practitioner

Name:

Name & Provider Number:

Provider Number:

(printed and stamped clearly)

Medical Practice:

Telephone:

Email Address:

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 Customer 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)

Name of Applicant:

B1: Does the cognitive impairment permanently impact the applicant's ability to use Public Transport?

☐ Yes ☐ No

(If yes, please provide more details)

B2: Has the applicant relinquished their drivers licence?

☐ Yes ☐ No

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

B3: 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 Taxi, please confirm if applicant will be accompanied by a carer or companion **at all times**)

B4: Is the applicant able to give directions to the driver (e.g. departure, destination) and handle money independently?

☐ Yes ☐ No

Give details

B5: If directions are provided by a third party, is the applicant likely to alter their pre-arranged travel destination?

☐ Yes ☐ No

Give details

B6: Does the applicant experience challenging behaviours such as unpredictability, aggression, absconding or agitation which could pose a risk to themselves or others?

☒ Always

☒ Sometimes

☐ Never

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

B7: How do these disabilities impact on the applicant's ability/inability to use public transport or taxis with or without assistance

B8: Is the applicant capable of being trained to use public transport (e.g. a bus) on their own **most of the time?**

☐ Yes ☐ No

B9: 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

B10: 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:

Contact Number:

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 the information I have provided in this Section is complete and accurate

Medical Practitioner's or Health Professional's details:

Name:

Provider/Registration Number:

Practice/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 Customer 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)

Name of Applicant:

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

☐ Yes

☐ No

*Best Corrected Vision

*OD (right eye)

*OS (left eye)

*OU (both eyes)

*Visual field (in degrees)

C2: If not legally blind 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: How does this visual impairment impact the applicants ability/inability to use public transport?

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

***Mandatory Fields**

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 the information I have provided in this Section is complete and accurate

Medical Practitioner's or Health Professional's details:

Name: _____

Provider/Registration Number: _____

Practice/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 Customer 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)

Name of Applicant:

**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:**

**D3: How does this impairment
impact on the applicant's
ability/inability to use
public transport**

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 Customer Services, GPO Box 2830, ADELAIDE SA 5001

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

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

**Medical Practitioner's or Health Professional's
details:**

Name: _____

Provider/Registration Number: _____

Practice/Organisation _____

Signature: _____

Date: _____

APPLICATION FORM - SECTION 6

Plus One FREE COMPANION card

For use on Adelaide Metro services (public transport)

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 use public transport on their own, but who could use public transport with the assistance of a companion/carer.

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 cardholder must be in possession of a valid metrocard, single or daytrip ticket and concession card (if applicable), the companion/carer will travel free.

THIS CARD IS NOT FOR USE IN TAXIS

Name of Applicant: _____

Do you wish to apply for a Plus One card so that you can travel on public transport with a carer?

Please tick box

☐ Yes

☐ No

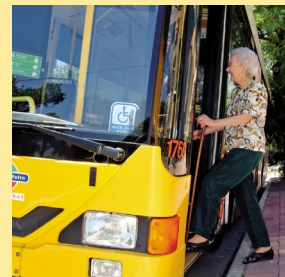
You should note that Plus One applications cannot be accepted for children who are under 5 years of age

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 with Section 1 and 2 and any other relevant information to:
SATSS Customer 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

9am to 5pm (business days), Monday to Friday.

Email: dit.satssenquiries@sa.gov.au

Adelaide Metro InfoLine - Telephone 1300 311 108

7am to 8pm every day of the year

Adelaide Access Feedback Line - Telephone 1300 551 156

National Disability Insurance Agency - Telephone 1800 800 110

8am to 5pm Monday to Friday

Visit: ndis.gov.au

Email: enquiries@ndis.gov.au

Additional information is available online.

Visit sa.gov.au or satss.sa.gov.au



**Government
of South Australia**