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 31 December 2027 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.

Application for transport assistance

Incorporating

South Australian Transport Subsidy Scheme (SATSS)

and the

Plus One FREE COMPANION card











Government of South Australia
Department for Infrastructure and Transport

This application enables people with a permanent disability to access transport assistance.

Applicants can apply for:

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

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

Quick guide on how to apply

1. Applicant photograph

The application must include a photograph of the applicant.

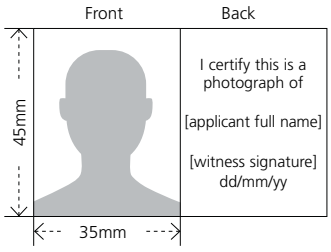
The photograph must:

- be no more than 12 months old
- be passport size, which is 35mm (wide) and 45mm (high)
- be in colour, printed on photo-quality paper without visible pixels or dot patterns
- 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)
- the applicant should not wear a hat or sunglasses (if possible).

Please do not pin, staple or glue photographs to this form. Attach with a paper clip.

A witness must include the below information on the back of the photograph:

- witness statement
- witness signature
- date.



Please write the statement exactly as it is shown in the example above.

2. Fill out application form

The application form has six sections.

Forms to be completed by you (the applicant):

- Section 1 - Information about you
- Section 6 - Application for a Plus One FREE COMPANION card

Forms to be completed by your medical doctor or health professional relating to your disability:

- Section 2 - General information about your disability
- Section 3 - Cognitive functioning and intellectual or mental health disability
- Section 4 - Vision and hearing function
- Section 5 - Communication function

A **medical doctor** 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, orientation or mobility instructor (for vision disabilities), neuro-psychologist (for cognitive disabilities) or speech pathologist (for communication disabilities).

3. Submit application

Once the application is complete:

- ☐ tear out the completed sections
- ☐ attach the witnessed photograph (with a paper clip)
- ☐ attach any additional documentation (with a paper clip)
- ☐ send to **SATSS Customer Services, GPO Box 2830, Adelaide SA 5001**

Applications dated more than 3 months after the medical doctor or health professional has signed will not be accepted.

Privacy statement: Applicant information may be used for statistical purposes. Personal information will be removed and de-identified.

Transport assistance

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 cannot safely use public transport either independently or accompanied by a companion or carer. The scheme is not intended to cover all passenger transport costs.

Consideration for eligibility to SATSS will include:

- Evidence of a person's inability to use public transport independently or with a companion / carer.
- How a person is impacted by their disability.
- The appropriateness of SATSS to provide transport assistance.
- Consideration of personal safety issues from the individual, transport provider and general public perspective.

How does it work?

- Membership is divided into two categories:
  - a 50% subsidy (up to $20 per trip) if you do not use a wheelchair.
  - a 75% subsidy (up to $30 per trip) for members permanently dependent to a wheelchair.
- SATSS provides up to 100 trips for subsidised taxi travel.
- Benefit must last for at least **six months.**
- SATSS members can travel with up to 3 passengers.
- Subsidy applies to first $40 of a taxi fare.
- The member must cover any additional cost over the $40 maximum fare limit unless they request the use of multiple trips.
- You can use up to three trips when paying for your journey:
  - One trip for fares under $40
  - Two trips for fares between $40 and $80
  - Three trips for fares over $80.

Where can I use my SATSS trips?

Your SATSS trips can be used to subsidise any taxi journey within South Australia.

What information do I need to provide?

This depends on the level of assistance you are applying for. Some sections of the application form must be completed by a medical doctor, medical specialist or health professional. This is indicated at the top of each section.

A person applying for the Plus One FREE COMPANION card will need to provide Sections 1, 2, 3 and 6.

Assessing applications

Applications will be assessed and all applicants will be notified in writing about the outcome of their application within 28 days.

If extra clinical information is required from a medical doctor or health professional the assessment process may take longer.

If the application is incomplete or missing information it will be returned with instructions on what you need to do. This will extend the application process and impact on when you will receive an outcome.

Plus One FREE COMPANION card

What is the Plus One FREE COMPANION card?

The Plus One FREE COMPANION card is designed to assist people who:

- can not safely use public transport on their own, but who could use public transport with the assistance of a companion or carer
- can not travel independently at certain times (e.g. night) or on unfamiliar routes.

How does it work?

A companion / carer can travel for free 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 metroCARD or Concession Card (if applicable) when travelling.

Where can I use my Plus One FREE COMPANION card?

This card can **only** be used on Adelaide Metro bus, train and tram services operating in metropolitan Adelaide.

It is **not** recognised by private bus, coach, or rail services operating within South Australia, or any interstate transport services.

How can I obtain further information?

For more information:

- visit satss.sa.gov.au
- call 1300 360 840

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Who is eligible to apply

Who is eligible for transport assistance?

A person may be eligible for transport assistance if they:

- are a permanent resident of South Australia
- have a severe or permanent disability
- can not travel independently on public transport
- are a humanitarian or skilled migrant (including refugees and asylum seekers) who hold one of the visas listed below.

A humanitarian or skilled migrant must hold one of the following visas:

- Temporary Protection Visa
- Safe Harbour Enterprise Visa
- Non-protected Special Category Visa (New Zealand citizens who arrived after 26 February 2001)
- Bridging Visa or Temporary Migrant Visa (work or study).

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

Applicants who may be eligible for support through the NDIS must be assessed by the NDIS before applying for SATSS transport assistance.

Who is not eligible for transport assistance?

- People with challenging behaviours, such as physical aggression and fleeing 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" through Adelaide Metro, which entitles the card holder to travel free of charge on all Adelaide Metro bus, train and tram services in metropolitan Adelaide.
- People with a disability that is temporary, treatable or intermittent.
- People who hold a valid taxi driver accreditation.
- People who are not a permanent South Australian resident.

The following factors will not be considered in an application:

- Availability or proximity to public transport.
- Length of journey / timetable problems (i.e. having to catch two or more buses or inconvenient timetables).
- Ability to drive or own a motor vehicle.
- Financial constraints.

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Applicant must complete

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

* New photo is **not** required if one has been provided in the last 10 years.

APPLICATION FORM - SECTION 1

Information about you

This section must be completed by the applicant

Membership is issued in the name of the person with the disability.
Children under the age of 16 are not eligible for transport assistance.

*** All questions in this section must be answered to complete your application. Failure to answer all questions will result in assessment delays.**

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
I am a humanitarian, skilled migrant, refugees or asylum seeker. If yes, provide evidence of visa	☐ Yes ☐ No
*** Do you have a plan with the National Disability Insurance Scheme (NDIS)?** If no and over 65, complete application. If no and under 65, refer NDIS in the first instance.	☐ Yes ☐ Not applied ☐ Application pending ☐ Refused NDIS (please provide refusal letter)
Do you have Lifetime Support Authority?	☐ Yes ☐ No

(Please print answers clearly)

***Title:** ***Surname:**

***Given names:**

***Gender:** ***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.:** (Work / Mobile) (Home)

Email address:

(for journey summary / trip balance notifications)

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Applicant must complete

What is your country of birth: _____

Is English your first language? ☐ Yes ☐ No ☐ Non verbal

If no, what is your first language or main spoken language other than English? _____

Do you require help to communicate? ☐ Yes - spoken ☐ Yes - written ☐ No

*** Please indicate your 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?** _____

*** Do you require assistance from another person (excluding the driver) when travelling on public transport and / or taxis? (not including lifting a wheelchair in and out of vehicle).** ☐ Yes ☐ No

Disclaimer: If you require the assistance of a carer or companion, it is your responsibility to ensure that you are accompanied by them at all times.

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Alternate contact

Add a trusted person to receive notifications about SATSS:

- journeys
- membership and application matters.

*** Are they the primary / secondary contact?**	☐ Primary ☐ Secondary
*** Does the alternate contact know they may be contacted by SATSS?**	☐ Yes ☐ No
*** Do you consent for SATSS to contact this person?**	☐ Yes ☐ No
*** Alternate contact name:**	_____
*** Alternate relationship** (please tick)	☐ Spouse / Partner ☐ Guardian ☐ Support worker ☐ Brother / Sister ☐ Son / Daughter ☐ Friend / Neighbour ☐ Other family member ☐ Other (please specify) _____
***Alternate phone:** (Home / Work / Mobile)	_____
***Alternate email:** (for journey notifications)	_____

Please provide information about your medical doctor.

Name: _____

Practice: _____

Practice address: _____

Contact number: _____

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Applicant must complete

Applicant Declaration:

- I understand that my certified health professional is required to provide information in this application to enable the assessment of my application.
- I authorise my medical doctor / health professional to provide, at my expense, all relevant medical information required by the Department for Infrastructure and Transport (DIT) for the South Australian Transport Subsidy Scheme to assess this application.
- I consent to DIT and its agents contacting my medical doctor / health professional for further information about my disability or medical condition to support my application and assessment.
- I consent to my medical doctor / health professional providing further information about my disability or medical condition to support my application and assessment.
- I certify that the information provided is correct and that I will contact SATSS Customer Services within 14 days if my circumstances change, including a change of address or contact number.
- I will observe all of the conditions covering transport assistance, where granted to me through SATSS membership 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 consent to 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 understand there are penalties for providing false or misleading information.

Applicant signature

Signature: Date:

If the applicant can not sign this form due to physical or cognitive disability, a representative may sign on their behalf.

Signature of representative

I confirm the applicant is unable to sign this form. I am signing as their representative, guardian, carer or family member. I declare that I have read the terms and conditions and understand them on their behalf. I agree to the statements in the applicant declaration printed in this application.

Signature: Date:

Name:

Address:

Postcode:

Phone number:

Relationship to applicant:

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Medical doctor must complete

APPLICATION FORM - SECTION 2

General Information about the applicant's disability

All questions need to be completed to determine eligibility. Incomplete applications or applications completed by someone other than a medical doctor will be returned for completion and will delay assessment.

*** <u>All questions in this section must be answered to complete your application.</u>**
<u>Failure to answer all questions will result in assessment delays.</u>

Name of applicant: _____

***A1: All medical diagnoses:**
Only a medical doctor can provide a diagnosis.

1. _____

2. _____

3. _____

If the diagnosis is a result of a medical 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 and time frame.) _____

☐ No

***A4: What symptoms does the applicant have that significantly limits their mobility?**

☐ Balance ☐ Pain
☐ Shortness of breath ☐ Fatigue
☐ Other, please specify _____

***A5: Is the applicant's disability alleviated by behavioural intervention or medication?**

☐ Yes ☐ No

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APPLICATION FORM - SECTION 2: (CONTINUED)

***A6: If the applicant has any continence management issues, how is it managed?**

- ☐ Diapers or pads
- ☐ Absorbent pants
- ☐ Sheath drainage system
- ☐ Catheter
- ☐ Not managed
- ☐ Not applicable

***A7: How does the disability impact the applicant's ability to use public transport or taxis with or without assistance?**

***A8: Can the applicant ascend and descend 3 steps of 350mm high independently (using a rail)?**

- ☐ Yes
- ☐ No

***A9: Does the applicant have a history of frequent falls?**

- ☐ Yes
- ☐ No

***A10: How far can the applicant walk before needing to take a rest due to the severity of symptoms? Please add distance in metres.**

Independently without aid: _____ metres

With mobility aid (if used): _____ metres

***A11: Can the applicant use their arms to assist balance and safety when using public transport?**

- ☐ Always
- ☐ Never

***A12: If applicable, how often does the applicant use a wheelchair or mobility scooter?**

- ☐ Always
- ☐ Occasional use
- ☐ Outside use / long distance only

***A13: If the applicant currently requires the use of a mobility aid for medical reasons, please specify what type of aid is used:**

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APPLICATION FORM - SECTION 2: (CONTINUED)

***This section must be completed in order for application to be assessed.**

In the following space, please summarise your opinion of the applicant's disability including any comments on how their medical or behavioural conditions affect their application for subsidised transport.

_____

_____

_____

_____

*** Were you familiar with the patient's medical history prior to this examination?**

☐ Yes ☐ No

*** I have known the applicant for** ☐ **years**

*** I have completed Section 2 and certify that the information provided is complete and accurate.**

Please note if further information including clinical reports or assessments are required for the purpose of this application, SATSS staff will contact you directly when able.

*** Medical doctor signature:** Date:

Name:

Provider number:

Medical practice:

Telephone:

(Please print and stamp clearly) Email address:

Please return Section 1, Section 2 and Section 3 with any other sections that are applicable, along with any relevant documentation to: SATSS Customer Services, GPO Box 2830, Adelaide SA 5001

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Medical doctor must complete

APPLICATION FORM - SECTION 3

Cognitive function, intellectual or mental health disability

The applicant's medical doctor or health professional must complete this section.
Please refer to page 2 for the definition of medical doctor or health professional.

*** All questions need to be completed to determine eligibility. Incomplete applications or applications completed by someone other than a medical doctor will be returned for completion and will delay assessment.**

Name of applicant:

***B1: How does the applicant's cognitive, intellectual or mental health disability affect their ability to use public transport?**

***B2: Has the applicant relinquished their driver's licence?**
(If yes, please provide reasons and approximate date of surrendering licence.)

☐ Yes ☐ No

***B3: Does the disability prevent the applicant from travelling alone on public transport (bus, train or tram).**
(If yes, provide details of why the disability prevents the applicant from travelling alone.)

☐ Yes ☐ No

***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, fleeing behaviour 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)

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Medical doctor must complete

***B7: Is the applicant likely to become seriously disorientated or confused if they use public transport (bus, train, tram)?**

***B8: How do these disabilities impact on the applicant's ability / inability to use public transport or taxis with or without assistance?**

***B9: Is the applicant capable of being trained to use public transport (e.g. a bus) <u>most</u> of the time either on their own or 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 advise why**

*** I have completed Section 3 and certify that the information provided is complete and accurate.**

Please note if further information including clinical reports or assessments are required for the purpose of this application, SATSS staff will contact you directly when able.

*** Medical doctor signature:** Date:

Name:

Provider number:

Medical practice:

Telephone:

(Please print and stamp clearly) Email address:

Please return Section 1, Section 2 and Section 3 with any other sections that are applicable, along with any relevant documentation to: SATSS Customer Services, GPO Box 2830, Adelaide SA 5001

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Medical doctor or health professional must complete

APPLICATION FORM - SECTION 4

Vision and hearing function

The applicant's medical doctor or health professional must complete this section.
Please refer to page 2 for the definition of medical doctor or health professional.

Name of applicant:

C1: Is the applicant legally blind? ☐ Yes ☐ No

C2: What is the applicant's best corrected visual acuity using the Snellen scale?

*Best corrected vision

*OD (right eye) * OS (left eye)

*OU (both eyes)

*Visual field (in degrees)

C3: If not legally blind please describe the level / severity of vision loss?

C4: Does the applicant require the assistance of another person (not including the driver) when travelling on public transport? ☐ Yes ☐ No

C5: Can the applicant use public transport (e.g. a bus)? ☐ All of the time ☐ Most of the time ☐ Sometimes ☐ Not at all

C6: How does this visual impairment impact the applicants ability / inability to use public transport?

C7: If the applicant uses any aids (e.g. flash cards, long cane, guide dog) please detail what aids they use.

C8: If the applicant has hearing loss how does this impact their ability to use public transport?

C9: Does the applicant require the use of hearing aids? ☐ Yes ☐ No

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Medical doctor or health professional must complete

C10: Is the applicant capable of being trained to use public transport (e.g. a bus) on their <u>own</u> most of the time?

☐ 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:

What was the outcome of the training?

☐ Successfully completed
☐ Training ongoing
☐ Training not completed

If training could not be completed, please advise why.

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

Medical doctor or health professional's details:

Name:

Provider / registration number:

Signature: Date:

Please return Section 1, Section 2 and Section 3 with any other sections that are applicable, along with any relevant documentation to: SATSS Customer Services, GPO Box 2830, Adelaide SA 5001

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Medical doctor or health professional must complete

APPLICATION FORM - SECTION 5

Communication function

The applicant's medical doctor or health professional must complete this section.
Please refer to page 2 for the definition of medical doctor or health professional.

Name of applicant:

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

☐ Yes ☐ No ☐ Non verbal

(If no, please comment)

D2: Does the applicant require another person to help them communicate or access information when using public transport?

☐ Yes ☐ No

(If yes, please provide details)

D3: Has the applicant received any communication training to support them with their disability?

☐ Yes ☐ No

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

What was the outcome of the training?

☐ Successfully completed
☐ Training ongoing ☐ Training not completed

If training could not be completed, please advise why.

Please return Section 1, Section 2 and Section 3 with any other sections that are applicable, along with any relevant documentation to:
SATSS Customer Services, GPO Box 2830, Adelaide SA 5001

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Medical doctor or health professional must complete

D4: How does this impact on the applicant's ability / inability to use public transport.

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

Medical doctor or health professional details:

Name:

Provider / registration Number:

Practice / organisation

Signature: Date:

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Applicant must complete

APPLICATION FORM - SECTION 6

Plus One FREE COMPANION card

For use on Adelaide Metro services only (public transport)

The Plus One FREE COMPANION card can not be used for taxi services.

Name of applicant: _____

Are you applying for a Plus One FREE COMPANION card to travel on public transport with a companion or 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 only applying for the Plus One FREE COMPANION card you should tear out this page and return with Section 1, 2 and 3, and any other relevant information to:
SATSS Customer Services, GPO Box 2830, ADELAIDE SA 5001

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For more information:

South Australian Transport Subsidy Scheme

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

1300 360 840

dit.satssenquiries@sa.gov.au

Additional information is available online.

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

Adelaide Access Feedback Line

1300 311 108

National Disability Insurance Agency

8am to 5pm Monday to Friday

1800 800 110

enquiries@ndis.gov.au

Visit ndis.gov.au

Adelaide Metro InfoLine

7am to 8pm every day of the year

1300 311 108

Visit adelaidemetro.com.au

Government of South Australia

Department for Infrastructure
and Transport