

**SSID NO:**

Date agreed by:

Date refused:

Appointment date:

# Application for Disabled Person's Freedom Pass

## Instructions

On pages 2, 3 and 4 of this form you will find a listing of 7 categories under which you may qualify for the Disabled Person's Freedom Pass. Some of these categories give an AUTOMATIC right to a pass; for other categories, the Council will have to decide whether an applicant is qualified.

Please tick "YES" next to the category or categories that you think fit you (more than one may fit you). If possible, please send evidence to back up what you say (this could be from a consultant who has treated you). If you cannot answer "YES" to any of the questions about disability categories, you will not qualify for the Disabled Person's Freedom Pass.

## Personal Details – Compulsory

You must complete this section.

Male  Female

Title (Mr/Mrs/Miss/Ms/Other): \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Post code: \_\_\_\_\_

Telephone no: \_\_\_\_\_ Mobile no: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Doctor/Consultant's name: \_\_\_\_\_

Address of Practice: \_\_\_\_\_

## Ethnic Group Classification – Optional

We consider all applications fairly, regardless of the sex, race, colour or religion of applicants. If you fill in this section about your background, it will help us to make sure that we treat all applications fairly. This information will be kept confidential and won't affect your application.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> White – British                     | <input type="checkbox"/> Mixed – White and Asian                             | <input type="checkbox"/> Black or Black British – African                    |
| <input type="checkbox"/> White – Irish                       | <input type="checkbox"/> Mixed – Any other mixed background                  | <input type="checkbox"/> Black or Black British – Any other Black background |
| <input type="checkbox"/> White – Traveller of Irish heritage | <input type="checkbox"/> Asian or Asian British – Indian                     | <input type="checkbox"/> Chinese   |
| <input type="checkbox"/> White – Gypsy/Roma                  | <input type="checkbox"/> Asian or Asian British – Pakistani                  | <input type="checkbox"/> Vietnamese  |
| <input type="checkbox"/> White – Any other White background  | <input type="checkbox"/> Asian or Asian British – Bangladeshi                | <input type="checkbox"/> Jewish  |
| <input type="checkbox"/> Mixed – Any other White background  | <input type="checkbox"/> Asian or Asian British – Any other Asian background | <input type="checkbox"/> Jewish Orthodox (Charedi)                           |
| <input type="checkbox"/> Mixed – White and Black Caribbean   | <input type="checkbox"/> Black or Black British – Caribbean                  | <input type="checkbox"/> Turkish or Turkish Cypriot                          |
| <input type="checkbox"/> Mixed – White and Black African     |  | <input type="checkbox"/> Kurdish   |
|  |  | <input type="checkbox"/> Any other ethnic group (please state)               |
- 

What is your primary language? \_\_\_\_\_

## Disabilities that qualify for a freedom pass

**This section must be completed by all applicants.**

**Have you been granted the Higher Rate of the Mobility Component of the Disability Living Allowance for at least the next 12 months?**

YES  NO

If **YES** please enclose a copy of the official letter confirming your award.

**Have you been awarded a War Pensioners' Mobility Supplement for a period of at least 12 months?**

YES  NO

If **YES** please provide a copy of the official letter confirming your award.

If you have answered **YES** to either of the questions above, please go to the Declarations section on page 4 of this letter.

### Blind or partially sighted

**Are you blind or partially sighted?**

YES  NO If **YES** please specify the borough in which you are registered:

**OR** enclose a vision report on **Form CVI 2000**.

### Profoundly or severely deaf

**Has an expert on deafness assessed you as 'profoundly' or 'severely' deaf?**

YES  NO If **YES** please enclose a copy of their report.

## Without speech

Please tick YES or NO to these statements

- a) I can't speak clearly in any language  YES  NO
- b) I'm known to Hackney's Learning Difficulties Team  YES  NO
- c) I'm known to Hackney's Speech and Language Department  YES  NO

## Absence of arms or inability to use them

Were you born without arms, or have you lost both arms or the use of them (for example do you find it impossible to put coins into a ticket machine)?

YES  NO If YES, please enclose a medical report.

## Learning difficulties

Have you had learning difficulties since your childhood?  YES  NO

Are you registered as having a learning disability with Social Services?  YES  NO

If YES, please name your Care Manager: \_\_\_\_\_

Area Office: \_\_\_\_\_

Name of the School you attended: \_\_\_\_\_

## Inability to hold a driving licence

There are several reasons why you might not be able to hold a driving licence. Please tick YES or NO for each of the questions asked below.

1. You may have a disability which physically prevents you from driving.

Are there any physical problems that prevent you from driving?  YES  NO

If YES, what are these problems? \_\_\_\_\_

2. You may have a disability which makes it a bad idea to drive.

In the opinion of the licencing people, do you suffer from:

a) uncontrolled epilepsy?  YES  NO

b) severe mental disorder?  YES  NO

c) sudden fainting attacks?  YES  NO

d) inability to read a registration plate at 20.5 metres even while wearing glasses?  YES  NO

e) another disability which is likely to cause the driving of a vehicle to be a source of danger to the public?  YES  NO

You may be permanently on medication which makes it a bad idea to drive because of side effects. List on the next page any medications that you take which have side effects of drowsiness or giddiness (it should tell you on the bottle if you should avoid driving). Say how long you've been using the medicine, and how long you may have to keep using it, if you know.

Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have a medical report about your condition, please enclose a copy of it with this application.

## Walking impairments

Are you unable to walk 100 metres without stopping or without severe discomfort?

YES  NO

a) I enclose a photocopy of a report from my consultant which tells you about my severe difficulties in walking

b) I can't give you a consultants report, but I am happy to be seen by your independent Mobility Assessor.

Please provide the following information:

1) Do you need someone to help you when you travel? If so please explain why:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) Do you use any of the following:

Walking stick  Walking frame  Crutches  Wheelchair

3) Please tick boxes that describe your difficulty in walking:

Severe pain  Out of breath  Tired after a short distance

Loss of balance  Other difficulty: \_\_\_\_\_

4) How long have you had the condition that causes your mobility problem?

\_\_\_\_\_

## Healthcare professional's details

Please provide the following information about the health professional that you see for treatment of your disabling condition; we may need to contact this person to confirm or to request further information about your disabling condition:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Professional: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

# Declaration of consent

This section must be completed by all applicants.

## Please read and sign the following:

I agree to let the London Borough of Hackney use confidential information to assess my application, and to contact anyone I have named in this application who can support what I have said.

Signature of authorised person: \_\_\_\_\_

Name (printed): telephone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**I am permanently resident in The London Borough of Hackney. I understand that if I lie in my application I could be prosecuted. I understand that information about me may be kept on computer in accordance with the Data Protection Act 1984.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## Proof of residency:

You must give us copies of any **TWO** of these documents to prove you live in the London Borough of Hackney. They must have your name and address on them, and be less than **THREE MONTHS** old.

DSS Benefits Book

Council Tax Bill

Rent Book or Tenancy Agreement

Bank Statement

Utility Bill

TV Licence

## Notes:

- If you can't 'YES' to any of the sections you will not qualify for a Freedom Pass.
- If we can't find any evidence to support your YES answer, from people whose names you've given us or from our Independent Assessor, you will not qualify for a Freedom Pass.
- If you can't sign this form yourself, you may have a partner, relative or friend sign it for you. If you do not have anyone like this to help you, you can ring and advice centre about who else can sign this form for you. You may also wish to contact the Dial-a-Ride and Taxicard Users Association (DART) on **0207 241 2111** or Disability Hackney on **0207 923 1962** for advice on your application.
- The Council may use the information we hold about you for prevention and detection of fraud and we may share this information with other organisations responsible for auditing or administering public funds.
- Return completed form to:  
**Mobility Team**  
**Hackney Service Centre**  
**1 Hillman Street, London**  
**E8 1DY**  
**020 8356 6262**

If you would like to find out what this document says please tick the appropriate box, put your name, address and phone number at the bottom of this page and return it to the address below.

### Bengali

এই দলিলে কি লেখা আছে সে সম্পর্কে যদি আপনি জানতে চান তাহলে অনুগ্রহ করে উপযুক্ত বাক্সে টিক দিন, এই পাতার নীচে আপনার নাম, ঠিকানা ও ফোন নম্বর লিখুন এবং এটি নীচের ঠিকানায় ফেরত পাঠান।

### Somali

Haddii aad jeclaan lahayd in aad ogaato waxa dokumeentigani sheegayo fadlan calaamadi godka ku haboon, ku qor magacaaga, cinwaanka iyo telefoon lambarkaaga boggan dhankiisa hoose ka dibna ku celi cinwaanka hoose.

### French

Si vous désirez connaître le contenu de ce document, veuillez cocher la case appropriée et indiquer votre nom, adresse et numéro de téléphone au bas de cette page et la renvoyer à l'adresse indiquée ci-dessous.

### Spanish

Si desea saber de lo que trata este documento, marque la casilla correspondiente, escriba su nombre, dirección y número de teléfono al final de esta página y envíela a la siguiente dirección.

### Kurdish

Ger hun dixwazin bizanibin ku ev dokument çî dibêje, ji kerema xwe qutîka minasib îşaret bikin, nav, navnîşan û hejmara telefona xwe li jêrê rûpel binivîsin û wê ji navnîşana jêrîn re bişînin.

### Turkish

Bu dökümanda ne anlatıldığını öğrenmek istiyorsanız, lütfen uygun kutuyu işaretleyerek, adınızı, adresinizi ve telefon numaranızı bu sayfanın alt kısmına yazıp, aşağıdaki adrese gönderin.

### Polish

Jeśli chcesz dowiedzieć się, jaka jest treść tego dokumentu, zaznacz odpowiednie pole, wpisz swoje nazwisko, adres i nr telefonu w dolnej części niniejszej strony i przeslij na poniższy adres.

### Vietnamese

Nếu bạn muốn biết tài liệu này nói gì hãy đánh dấu vào hộp thích hợp, điền tên, địa chỉ và số điện thoại của bạn vào cuối trang này và gửi lại theo địa chỉ dưới đây.

### Urdu

اگر آپ یہ جاننا چاہتے ہیں کہ دستاویز میں کیا لکھا ہے تو ازراہ کرم مناسب باکس میں صحیح کا نشان لگائیے اور اپنا نام، پتہ اور فون نمبر اس صفحہ کے نیچے لکھئے اور اسے نیچے دیئے گئے پتہ پر واپس بھیج دیجئے۔

### Chinese

如果你想知道這分文件的詳細內容，請在方框內打鉤，在本頁下面寫下你的名字、地址和電話號碼並寄到下面的地址。

If you would like this document in any of the following formats or in another language not listed above, please complete and send the form to the address below.

### In large print

On Disk

In Braille

On audio tape

In another language, please state:

Name:

Address:

Tel:

**Return to:** Mobility Team, Hackney Service Centre, 1 Hillman Street, London, E8 1DY