

SSID NO:

Date agreed by:

Appointment date:

Date refused:

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

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

Surname:

First name (s):

Address:

.....

Post code: Telephone no:

E-mail address: Mobile no:

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"/> African Caribbean | <input type="checkbox"/> Chinese | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> African North | <input type="checkbox"/> Greek Cypriot | <input type="checkbox"/> Traveller |
| <input type="checkbox"/> African Central | <input type="checkbox"/> Greek Mainland | <input type="checkbox"/> Turkish Cypriot |
| <input type="checkbox"/> African East | <input type="checkbox"/> Indian | <input type="checkbox"/> Turkish mainland |
| <input type="checkbox"/> African Southern | <input type="checkbox"/> Irish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> African West | <input type="checkbox"/> Jewish | <input type="checkbox"/> White UK |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Jewish Orthodox | <input type="checkbox"/> Decline to state |
| <input type="checkbox"/> Black UK | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Other..... |

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 an original 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 BD8

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**

- 1) I enclose a photocopy of a report from my consultant which tells you about my severe difficulties in walking
- 2) I can't give you a consultants report, but I am happy to be seen by your independant 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 **Tired after a short distance** **Out of breath**
 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.

- | | | |
|---|--|--|
| <input type="checkbox"/> DSS Benefits Book | <input type="checkbox"/> Rent Book or Tenancy Agreement | <input type="checkbox"/> Utility Bill |
| <input type="checkbox"/> Council Tax Bill | <input type="checkbox"/> Bank Statement | <input type="checkbox"/> 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.
- Return completed form to: **The Mobility Unit
205 Morning Lane
E9 6JX
020 8356 6262**

If you require any part of this form to be translated, please fill in your name and address and return it to the address at the foot of the page.

Bu belgenin içeriğinin açıklamasını istiyorsanız lütfen bu kutuyu işaretleyin, adınızı, adresinizi ve telefon numaranızı bu sayfanın altındaki boş yerlere yazın, ve sayfayı aşağıdaki adrese gönderin. (Turkish)

Haddii aad jeceshahay in aad ogaato waxa warqadan laguugu sheegaayo, Fadlan waxa aad calaamadisaa Sanduuqan oo waxa aad Magacaaga, Adirayskaaga iyo Telifoon Lambarkaaga aad ku qortaa xagga hoose ee boggan, oo ku soo celi markaa Adirayskan xagga hoose ku qoran. (Somali)

如果你想知道這份文件的詳細內容，請在格子里 剔一下。在本頁下面寫下你的名字，地址和電話號碼并寄到下面的地址。(Chinese)

Nếu quý vị muốn tìm hiểu tài liệu này nói điều gì xin đánh dấu vào ô và ghi tên, địa chỉ và số điện thoại của quý vị vào cuối trang này và gửi về địa chỉ dưới đây. (Vietnamese)

এই দলিলে কি লেখা আছে সে সম্পর্কে যদি আপনি জানতে চান অনুগ্রহ করে সাথে বাক্স টিক দিন। তারপর পাতাটির নিচে আপনার নাম, ঠিকানা এবং টেলিফোন নাম্বার লিখে নিম্নলিখিত ঠিকানায় ফেরৎ পাঠান। (Bengali)

જો તમને આ દસ્તાવેજ શું જણાવે છે તે વિષે માહિતી જોઈતી હોય તો મહેરબાની કરીને બોક્સમાં નિશાની કરી અને આ પાનાના અંતમાં તમારું નામ, સરનામું અને ટેલિફોન નંબર આપી અને તેને નીચે સરનામે રવાના કરશો. (Gujerati)

ਜੇ ਤੁਸੀਂ ਜਾਣਨਾ ਚਾਹੁੰਦੇ ਹੋ ਕਿ ਇਹ ਦਸਤਾਵੇਜ਼ ਕੀ ਕਹਿੰਦਾ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਖਾਨੇ ਵਿਚ ਠੀਕਾ ਮਾਰੋ ਅਤੇ ਆਪਣਾ ਨਾਂ, ਪਤਾ ਅਤੇ ਫੋਨ ਨੰਬਰ ਇਸ ਪੰਨੇ ਦੇ ਬੱਲੇ ਲਿਖੋ ਅਤੇ ਇਸ ਨੂੰ ਹੇਠ ਦਿੱਤੇ ਪਤੇ 'ਤੇ ਵਾਪਸ ਭੇਜ ਦਿਓ। (Punjabi)

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

Si desea saber de lo que trata este documento, ponga una señal en el recuadro y escriba su nombre, dirección y número de teléfono al final de esta página y envíela a la dirección que se indica abajo. (Spanish)

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

Return to: The Mobility Unit, 205 Morning Lane, London E9 6JX

Name:	_____
Address:	_____ _____
Phone Number:	_____