

NELSON TASMAN TOTAL MOBILITY APPLICATION

Part A: TO BE COMPLETED BY THE APPROVED TOTAL MOBILITY AGENCY

Agency name: _____

Street address: _____

Postal address: _____

Telephone: _____ Facsimile: _____

Agency total mobility number: _____

Part B, C, D and E: To be completed by, or on behalf of, the applicant with the guidance of an accredited assessor

The applicant is the person or child with the disability. Please print clearly and on completion of this form return to the agency named above.

Please give a Yes or No answer with a tick in the appropriate box.

Part B: APPLICANT DETAILS

Mr./Mrs./Ms/Miss/Master

Surname: _____ First name (s): _____

Street name: _____ Flat number: _____ Street no: _____

Suburb: _____ Town/city: _____

Telephone home: _____ Telephone Business: _____

Mobile: _____ Fax: _____

Date of birth: _____

Part C: MOBILITY ASSESSMENT

I can complete the following tasks:

1. Walk more than 500 metres without assistance or causing my condition to deteriorate. (500 metres is equal to; Nelson's clock tower up Trafalgar St to Hardy St)

YES

NO

2. Stand and wait for transport

YES

NO

3. Safely get on to the transport

YES

NO

4. Travel securely

YES

NO

5. Get to the final destination

YES

NO

6. Safely get off the transport

YES

NO

7. If any of the above responses are **No** please complete general nature of impairment:

a. Physical limitations

b. Sensory

Hearing

Sight

- c. Neurological _____
- d. Psychological _____
- e. Intellectual _____
- f. Other _____

8. If the impairment is likely to be temporary, please indicate the period for which you consider yourself eligible for Total Mobility: Date: _____

9. I am currently reliant on: Please tick

- a. Private motor vehicle
- b. Taxi
- c. Wheelchair accessible taxi
- d. Other (please specify)

10. My independence is reliant on the following when out in the community

- a. Manual wheelchair
- b. Motorized wheelchair
- c. Mobility Scooter
- d. Walking frame
- e. White cane or Guide dog
- f. Other (please specify) _____

11. I currently receive or am entitled to claim reimbursement for all or some travel expenses from Accident Compensation and Rehabilitation Insurance Corporation (ACC) or other Insurance provider, or from Work and Income, Workbridge or any other source? YES NO

12. If the answer to the question above is **YES**, please give details, eg purpose of trips funded

13. Are there any other factors that should be taken into account that would support your request for Total Mobility vouchers? YES NO

If yes please state these factors: _____

Please note: A certificate of verification may be attached to confirm applicant's eligibility.

Part D: SURVEY FOR TRANSPORT PLANNING PURPOSES

The type and frequency of my intended use of Total Mobility Vouchers is:

To get to/from(Please tick appropriate box) Number of trips (per month)

Paid Work _____

Voluntary work	<input type="checkbox"/>	_____
Doctors/Hospital appointments	<input type="checkbox"/>	_____
Educational facilities	<input type="checkbox"/>	_____
Social outings	<input type="checkbox"/>	_____
Day care programmes	<input type="checkbox"/>	_____
Shopping	<input type="checkbox"/>	_____
Other (please list)	<input type="checkbox"/>	_____

**Part E: DECLARATION BY APPLICANT
TO BE COMPLETED BY APPLICANT (OR APPLICANT'S REPRESENTATIVE)**

I declare that the information provided in this application is true and accurate.
 I have never been refused access to the Total Mobility scheme in any region in the past.
 I understand that, if I fraudulently abuse the scheme, my access to the scheme will be withdrawn and I may be liable for prosecution.
 I understand that I will not always be allocated the total number of trips I have requested as allocation depends on the two Councils' ability to fund.
 I understand that I will be contacted if insufficient information has been provided to enable an assessment of my application.
 I hereby declare that I have read or had read to me the terms and conditions in the accompanying leaflet "Nelson Tasman Total Mobility Scheme Information for Members" including its Terms and Conditions of Scheme Membership and Use" and that I have understood those terms and conditions.
 If my application is approved I agree to undertake and observe the conditions governing the granting and use of Total Mobility vouchers.
 I understand that the information provided on the assessment form will be used to establish my eligibility for the Total Mobility scheme, and for statistical and research purposes that will not identify me as an individual. Only Nelson City Council Total Mobility staff and agency staff will have access to personal information. It may also be shared with representatives of Land Transport New Zealand or Audit New Zealand when they conduct official audits of the Total Mobility scheme.

Privacy Act 1993

Pursuant to the Privacy Act 1993, I hereby authorise the agency named in "Part A" of this document as agent for the Nelson City Council to collect information about me to establish my eligibility to participate in the Nelson Tasman Total Mobility Scheme, and for statistical and research purposes where I will not be identified as an individual. The agent may disclose such information to the Nelson City Council for the purpose of administering the scheme.

I understand that under the Privacy Act, I am entitled to have access to the personal information about me which the agency or Nelson City Council may hold.

I declare that I will notify my agency or Nelson City Council of any change of circumstance that may affect my eligibility for the Total Mobility scheme.

To be signed by applicant or applicant's representative and by a witness.

_____	_____	_____
Name Applicant (Please Print)	Signature	Date

_____	_____	_____
Name Witness (Please Print)	Signature	Date

Return to agency on completion

Part F: ASSESSMENT RESULT

TO BE COMPLETED BY THE APPROVED TOTAL MOBILITY ASSESSOR

1. The applicant meets the eligibility criteria for access to the Total Mobility Scheme.

YES

NO

Comments: _____

Indicate if the applicant's disability is:

PERMANENT

TEMPORARY

INFREQUENT

If infrequent please describe _____

2. A temporary disability is one which has lasted, or is likely to last, for six months or less. If response above is a temporary disability, give date when applicant would be expected not to require the Total Mobility Scheme. Applicants requiring an extension to a temporary membership must complete another assessment (which must be no more than 7 months from the date of this assessment).

EXPIRY DATE OF TEMPORARY MEMBERSHIP _____

3. As a result of this assessment I hereby state that to the best of my ability I have established this applicant's details in terms of the Nelson Tasman Total Mobility Scheme's Eligibility Criteria for access to the scheme.

Assessor's Name: _____

Signature: _____ Date: _____

Agency: _____

Address: _____

Telephone: _____ Facsimile: _____

The Nelson City Council and Tasman District Council thank you for your assistance.

Send to Nelson City Council on completion

Part G: OFFICE USE

TO BE COMPLETED BY THE NCC TOTAL MOBILITY ADMINISTRATOR

Date received: _____ Initials: _____

Certificate of Verification attached

YES

NO

Further clarification required

YES

NO

Registration approved

YES

NO

Applicant's ID no

Date processed: _____

Signature: _____