



About the Passenger Transport Subsidy Scheme

The Passenger Transport Subsidy Scheme (PTSS) is a subsidy available to eligible people with disability travelling in on-demand rank or hail (taxi) vehicles, administered by the Department of Transport (DoT).

Eligibility

To be eligible for PTSS, you must:

- be an Australian citizen or the holder of an Australian Permanent Resident Visa (i.e. be a permanent resident of Australia);
- reside in Western Australia; and
- have one or more severe and permanent disabilities from the categories below, that will always prevent you from using conventional public transport.

Mobility disability

A condition that limits physical mobility, impacting a person's functional capacity to use public transport.

Vision disability

A condition that impacts a person's vision. To be eligible for PTSS under this category alone, applicants must have a confirmed diagnosis of legal blindness.

Cognitive or intellectual disability

A condition that affects the mental processes of comprehension, judgement, memory, and reasoning, which impacts a person's ability to independently plan and undertake a journey on public transport.

Note: Temporary participation in PTSS may be granted for a specified period. After this time, re-assessment of eligibility will be required.

How to apply

1. Fill out **PART A** of this form and sign the declaration.
2. Book an appointment with your medical practitioner.
3. Read the "Applicant identity documents" information on page 2.
 - Attach copies of one identity document from List 1 and one identity document from List 2.
 - If these do not show your WA residential address, also attach a copy of one document from List 3.
4. Attach a colour photograph of yourself that meets the requirements listed on page 2.
5. Take this application form and your photograph to the appointment with your medical practitioner.
6. Your medical practitioner will complete **PART B** of this form and sign the back of your photograph to certify you are the person they have assessed.
7. Ask your medical practitioner if there are any medical documents that you need to submit to support your diagnosis and application. If there are, attach them to this application.
8. Submit your form to DoT via email or post:

Email: ondemandtransport@transport.wa.gov.au

Mail: On-demand Transport
GPO Box R1290
PERTH WA 6844

An independent occupational therapist will assess your application. If approved, you will be posted a PTSS card. If your application is not approved, you will receive a letter to explain why and how you may re-apply.

Applicant identity documents

List 1

- WA Photo Card or the equivalent issued in another Australian state or territory.
- Passport (Australian or foreign).
- WA driver's licence or a driver's licence issued in another Australian state or territory.
- ImmiCard issued by the Department of Immigration and Border Protection.
- Birth certificate (and evidence of a change of name, such as a marriage certificate).
- Australian citizenship or naturalisation document or immigration papers issued by the Department of Home Affairs.

List 2

- Centrelink or Department of Veteran Affairs pension card or health care card.
- Commonwealth Seniors Health Card.
- Department of Veteran Affairs Veteran Card.
- WA Seniors Card.
- Medicare card.

List 3

- Confirmation of address on official letterhead or email from your residential care facility.
- Telephone, gas or electricity account not more than 6 months old.
- Passbook or account statement from a financial institution not more than 12 months old.
- Water or local rates notice, or land valuation notice not more than 2 years old.
- Evidence of electoral enrolment not more than 2 years old.
- Current residential tenancy agreement.
- Current vehicle licence.
- Australian Taxation Office (ATO) Tax File Number letter.
- ATO Notice of Assessment letter.

If you have difficulty providing the documents listed above, contact the Department of Transport:

- call 13 11 56; or
- email ondemandtransport@transport.wa.gov.au.

Photo identification

Attach a colour photograph of yourself, that has been certified and signed by your medical practitioner. Make sure you bring this application form and your photo to your medical practitioner appointment.

Where possible, your photo should:

- Be approximately 45mm x 35mm in size.
- Show a full-frontal view of your face and shoulders square on (not looking over your shoulder, with the edges of your face visible).
- Show you looking directly at the camera (head not tilted).
- Be taken with a neutral expression and your mouth closed (not smiling, laughing or frowning).

Please note:

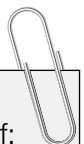
- Head coverings may not be worn, unless for religious or health reasons (veils covering the face are not acceptable).
- Photos showing a reflection of a camera flash or other light may be rejected.
- Your photo must not be creased or damaged – do not glue, tape, or staple.

Back of photo example

I certify that this is a true photo of: [APPLICANT FULL NAME] that I have examined.

[Medical Practitioner's signature]

Date ___ / ___ / ___



Part A – Applicant, next of kin or carer to complete

When blank, this form is classed as OFFICIAL, when filled out, this form is classed as OFFICIAL-SENSITIVE.

The Passenger Transport Subsidy Scheme (PTSS) is administered by the Department of Transport (DoT), providing subsidised taxi travel for eligible people who have a severe and permanent disability.

Both Part A and B of this form must be fully completed for your application to be assessed. Part A of this form is for the applicant to provide their personal details, and may be completed with help from their next of kin, carer or other support person.

1. Applicant details

Surname

First name

Other name(s)

Date of birth Gender Male Female X*

* For details about the documents required when X is selected visit:

transport.wa.gov.au/licensing/change-my-gender.asp

Residential address

Suburb State Postcode

Postal address is the same as residential address

Postal address (if applicable)

Suburb State Postcode

Phone number Mobile number

Email

Name of residential care facility (if applicable)

Are you an Australian citizen or the holder of a permanent visa? Yes No

Do you hold/have you ever held a WA driver's licence or WA Photo Card? Yes No

Driver's licence or WA Photo Card number (if known)

2. Next of kin details

Surname

Given name(s)

Phone number Mobile number

Email

Relationship to applicant

3. Carer/other contact details

Surname

Given name(s)

Phone number

Mobile number

Email

Relationship to applicant

4. Preferred contact

Your preferred contact will be the primary point of contact with DoT for all matters related to PTSS, including important updates regarding your participation.

Note: your PTSS card will always be sent to the postal address you have provided in Part A of this form.

Preferred contact for PTSS matters: Participant

Next of kin

Carer/other contact

5. Privacy policy

The information you supply on this form is being collected by DoT for the purpose of assessing your application to participate in the PTSS. If your application is successful, your personal information will also be used to administer your participation in the scheme. Your health information that you or your medical practitioner provides will be disclosed to an independent Occupational Therapist contracted by DoT, for the purpose of determining your eligibility for PTSS. If you do not provide all of the required information, we may not be able to confirm your identity or eligibility and will be unable to approve your application.

Refer to the Driver and Vehicle Services (DVS) Privacy Policy for information on how DoT handles your information, how to request access or an amendment to your personal information, and how to make a privacy complaint: transport.wa.gov.au/privacy

I have read and agree to the terms and conditions in the DVS Privacy Policy

6. Declaration

The applicant must sign the following declaration for your application to be assessed.

Note: there is an alternate option for people unable to physically sign this form.

- I certify that the information I have provided is true and correct, and undertake to advise the Department of Transport (DoT) should my circumstances change.
- I consent for DoT to use the contact details I have provided on this form for all DoT dealings.*
- * DoT administers a range of licences and services including driver's licences; vehicle licences; the Passenger Transport Subsidy Scheme; WA Photo Cards; off-road vehicle registration; learner's permits; extraordinary licences; recreational skipper's tickets; and boat registration.
- I authorise my medical practitioner(s) to provide the relevant medical, psychiatric or allied health information required by DoT for the assessment of this application.
- I consent to DoT disclosing the health information provided in my application to a third party Occupational Therapist contracted by DoT, for the purpose of determining my eligibility for PTSS.
- I understand that my application will be returned to me if incomplete.
- If this application is approved, I undertake to observe the PTSS Guidelines for Participants and acknowledge that any misuse of the scheme may lead to cancellation of my participation and/or other penalties imposed by DoT under the *Transport (Road Passenger Services) Regulations 2020*.
- I understand a review of my eligibility to participate in the PTSS, including level of subsidy, can be requested by DoT at any time.

Option 1 – Applicant signature

Applicant's signature

Date

Option 2 – Applicant signature alternative

I am unable to sign this form. By ticking this box, I agree with the declaration above. This box should only be ticked if you do not have anyone to sign on your behalf.

Note: If you tick this box, DoT may need to contact you to confirm you agree to the declaration via phone, as well as any personal details that are different to records DoT currently holds.

Part B – Medical practitioner to complete

The Passenger Transport Subsidy Scheme (PTSS) is administered by the Department of Transport (DoT), providing subsidised taxi travel for eligible people who have a severe and permanent disability.

Part B of this form is for medical practitioners to provide detail about the applicant's condition/s to demonstrate their eligibility for PTSS. The medical practitioner must also certify and sign the back of the applicant's photograph.

1. Applicant details

Full name of applicant

Age of applicant

Applicant's maximum independent walking distance (approximate)

Select one of the following:

Applicant predominantly lives at home **without** any assistance from next of kin, carer or other person.

Applicant predominantly lives at home **with** assistance from next of kin, carer or other person.

Applicant predominantly lives in a residential care facility.

Other (specify)

2. Mobility disability

Diagnosis 1

Condition

Date of onset

What are the functional mobility issues relating to this diagnosis that affects the applicant's use of public transport?

If the applicant is undergoing any treatment or rehabilitation (including surgery) to improve their mobility, please detail. If not, leave blank.

The condition is likely to

Improve

Deteriorate

Stay the same

If the condition is likely to improve, approximately how many months will the person require before they have stabilised or regained enough function to use conventional public transport?

Months

Diagnosis 2

Condition

Date of onset

What are the functional mobility issues relating to this diagnosis that affects the applicant's use of public transport?

If the applicant is undergoing any treatment or rehabilitation (including surgery) to improve their mobility, please detail. If not, leave blank.

The condition is likely to

Improve

Deteriorate

Stay the same

If the condition is likely to improve, approximately how many months will the person require before they have stabilised or regained enough function to use conventional public transport?

Months

Other relevant medical history

Condition 3

Date of onset

Condition 4

Date of onset

Condition 5

Date of onset

3. Mobility devices and aids

Which mobility aids does the applicant use (tick all that apply)?

Manual wheelchair

Power wheelchair

Mobility scooter

Walking stick

Tripod/quad cane

Walking frame

Crutches

Other

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

Always

Occasional use

Outside use/long distance only

Does the applicant require assistance from another person?

Yes

No

If yes, please describe the type/level of assistance required

Does the applicant's disability prevent them from using steps independently?

Yes

No

4. Vision disability

To be eligible for the scheme under this condition alone, the applicant must be diagnosed as legally blind. If the applicant is legally blind, documentation to support this diagnosis must be attached with application.

Does the applicant meet the eligibility criteria for legal blindness? Yes No

Supporting documentation attached Yes No

Specific diagnosis of visual impairment Date of onset

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

Left eye Right eye

Please give details of any visual loss (total diameter of field remaining) in degrees.

Left eye Right eye

5. Cognitive/intellectual disability

If applicant has a cognitive/intellectual disability, please attach supporting documentation such as a Montreal Cognitive Assessment (MoCA), Mini Mental State Examination (MMSE) score or other relevant evidence.

Condition Date of onset

What are the cognitive impairments relating to this diagnosis that affects the applicant's use of public transport?

If the applicant is undergoing any treatment or rehabilitation (including surgery) to improve their cognitive/intellectual disability, please detail. If not, leave blank.

What is the applicant's level of cognitive/intellectual disability? Mild Moderate Severe

Would the applicant require constant assistance to use public transport? Yes No

6. Public transport use

Does the applicant's disability prevent them from independently using conventional public transport?

Yes, always

Yes, sometime/mostly

No, it does not

Do not know, unsure of impact

Provide any other information which may support this application.

8. Medical practitioners details

Before completing this section, ensure you have certified and signed the back of the applicant's photograph.

I declare that the information provided in this application is complete, true and correct in every detail.

I understand that DoT is collecting the information to enable assessors contracted to DoT to assess the eligibility of the applicant for participation in the PTSS. Your name and signature will only be used by DoT for the purposes of this application, and will not be used without your consent unless required by law.

DoT validates all medical practitioners Australian Health Practitioner Regulation Agency (AHPRA) details against the AHPRA website.

Full name of medical practitioner

AHPRA number

Phone number

Signature

Date