



**When blank, this form is classed as OFFICIAL, when completed, this form is classed as OFFICIAL SENSITIVE**

The Taxi User Subsidy Scheme (TUSS) provides taxi travel at a reduced rate for people who have a severe and permanent disability that will always prevent them using conventional public transport. This application has two parts, Part A and Part B. Both parts must be fully completed for your application to be assessed. Incomplete applications will be returned with an explanation letter and must be resubmitted for assessment.

## APPLICANT INFORMATION

To be eligible for TUSS, you must:

- be an Australian citizen or permanent visa holder (i.e. be a permanent resident of Australia);
- reside permanently in Western Australia;
- have a severe and permanent disability that will always prevent you using conventional public transport (like a bus service); and
- have a disability that falls within the categories below.

### MOBILITY DISABILITY

When considering eligibility for the scheme under this criterion, factors such as the need to use a wheelchair, walking aid or mobility scooter and how the person's disability impacts on their functional capacity to use public transport, such as a bus, will be taken into account. All the functional questions on page 3 must be completed. The person's functional capabilities must also be supported by medical evidence provided by their doctor.

### VISION DISABILITY

To be eligible for the scheme under this criterion the applicant must be diagnosed as legally blind. To support this, information such as an Ophthalmologist's report or documentation of their visual acuity readings using the Snellen scale, supporting their legal blindness diagnosis, must be included.

### COGNITIVE / INTELLECTUAL DISABILITY

For the purposes of this scheme, a severe cognitive impairment/ function relates to the mental processes of comprehension, judgement, memory and reasoning, which affect a person's ability to plan and find their way around independently in the community. Generally, this criterion applies to a person who does not have the cognitive ability to use public transport, such as a bus, by themselves.

### PLEASE NOTE:

People may apply for TUSS under more than one category. If there are multiple disabilities, it is important to include information on all medical conditions. Each application is considered individually, based on the condition(s) severity and how a person's functional capacity to use public transport is affected. Children under the age of 10 are not eligible, unless they require use of a wheelchair. Temporary participation in TUSS may be granted for a specified period of 12 months or more, after which re-assessment of eligibility will be required.

### FACTORS THAT WILL NOT BE CONSIDERED INCLUDE:

- Anti-social behaviour.
- Vision impairment, but not legally blind.
- Mobility problems that are episodic, whereby some days are considered bad days.
- Availability of, or proximity to, public transport.
- Length of bus journey, having to catch two or more buses, or inconvenient timetables.
- Social / employment factors.
- Climatic / environmental factors.
- Personal security issues.
- Income levels.
- Eligibility for other subsidy or pension schemes (including Veterans' Affairs).

## HOW TO APPLY

If you believe you may be eligible from the criteria listed, please follow these steps:

- Complete Part A of the application, and sign the Declaration.
- Attach proof that you reside in Western Australia such as:
  - Current Australian Pensioner Concession Card displaying current residential address; or
  - Current WA driver's licence displaying current residential address; OR
  - Current WA Photo Card displaying current residential address.

A full list of acceptable documentation is available on the DoT website: [www.transport.wa.gov.au/tussapply](http://www.transport.wa.gov.au/tussapply)

- Obtain a colour photograph of yourself. The image should show the applicant facing the camera and be from the chest up, and not be more than 12 months old.
- Book an appointment with your medical practitioner.
- Take the completed form and photograph to your appointment with your medical practitioner, who must complete Part B of the application form and certify the back of the photograph. The same medical practitioner completing your application must also certify the photograph.
- Send your completed application form, certified photograph, and proof of residential address to:

On-demand Transport – TUSS  
GPO Box R1290  
PERTH WA 6844

### PLEASE NOTE

- All phone numbers must have 10 digits. When completing your application, please include the area code at the beginning of landline numbers.
- For the purpose of determining your eligibility for TUSS, the health information provided in your application may be disclosed on a confidential basis to an Occupational Therapist contracted by DoT for that purpose.

### MORE INFORMATION

For any queries or if you are having difficulty completing this form, please contact On-demand Transport by email [ondemandtransport@transport.wa.gov.au](mailto:ondemandtransport@transport.wa.gov.au) or by telephone 13 11 56.

TTY: If you are hard of hearing, or have a speech impediment, please contact the National Relay Service on 13 36 77 and quote the telephone number (08) 9216 8000.

Information is also available on the Department of Transport website [www.transport.wa.gov.au/TUSS](http://www.transport.wa.gov.au/TUSS)

# PART A: To be completed by the applicant and / or Next of kin / Carer

## APPLICANT DETAILS

MR MRS MS MISS OTHER

IF OTHER, PLEASE SPECIFY

SURNAME

FIRST NAME

OTHER GIVEN NAMES

DATE OF BIRTH

/ /

GENDER

Male Female X\*

\* For details about the documents required when X is selected visit:  
[www.transport.wa.gov.au/licensing/change-my-gender.asp](http://www.transport.wa.gov.au/licensing/change-my-gender.asp)

RESIDENTIAL ADDRESS

  

SUBURB

STATE   POST CODE

Postal address is the same as residential address.

POSTAL ADDRESS (IF APPLICABLE)

  

SUBURB

STATE   POST CODE

PHONE NUMBER MOBILE NUMBER

EMAIL ADDRESS

NAME OF RESIDENTIAL CARE FACILITY (IF APPLICABLE)

NATIONAL DISABILITY INSURANCE SCHEME (NDIS)  
NUMBER (IF APPLICABLE)

Are you a permanent resident of Western Australia?

Yes No

You must attach proof that you are currently residing in WA.  
These documents will also be used to validate your identity for  
TUSS purposes.

For a list of acceptable forms of proof of residence, visit  
[www.transport.wa.gov.au/tussapply](http://www.transport.wa.gov.au/tussapply)

## NEXT OF KIN DETAILS

SURNAME

FIRST NAME

OTHER GIVEN NAMES

HOME / WORK PHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

RELATIONSHIP TO THE APPLICANT

## CARER / OTHER CONTACT DETAILS

SURNAME

FIRST NAME

OTHER GIVEN NAMES

HOME / WORK PHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

RELATIONSHIP TO THE APPLICANT

## PREFERRED CONTACT

Who is your preferred contact for TUSS-related matters?

Participant Next of kin Carer / other contact

## ABOUT THE APPLICANT

Do you hold / have you ever held a WA driver's licence?

Yes No

If yes, what is / was your current or previous driver's licence number?

Are you able to independently use public transport (without assistance from another person)?

Always Usually Sometimes

It depends Never

If you selected sometimes, it depends or never, please explain why you have difficulty.


What is your approximate independent walking distance in metres (without assistance from another person, rest breaks allowable)?

Do you use a walking / mobility aid?

Yes No

Can you manage vertical steps independently?

Yes No

What functional / health problems limit your ability to manage steps and why?


Can you move independently from sitting to standing and vice versa?

Yes No

## APPLICANT PHOTOGRAPH

Please attach a colour photograph of the applicant.

The back of the photo must be certified by the medical practitioner that completes Part B of application (example shown below, right).

### APPLICANT PHOTO

Please attach a COLOUR, signed and certified photo of applicant.

**DO NOT USE GLUE, TAPE OR PUT A STAPLE OVER THE FACE.**

### BACK OF PHOTO EXAMPLE

I certify that this is a true photograph of:  
APPLICANT'S FULL NAME

[Medical practitioner's signature]

Date \_\_ / \_\_ / \_\_\_\_

Ensure the photograph is of high quality, showing the applicant facing the camera and from the chest up. The photo will be scanned and used on the TUSS participant card if the application is successful.

## COMMUNICATION METHODS

If your application is successful, DoT will communicate important information about your TUSS participation via mail and email.

Separately to this, we may also email you tips, reminders and other educational messaging related to being a TUSS participant. Please read the DoT Privacy Policy at

<https://www.transport.wa.gov.au/aboutus/our-website.asp> and

indicate your agreement with the statements below.

I agree to receive educational messaging via email.

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

## DECLARATION

If you are unable to sign this document, your carer / next of kin can sign on your behalf. If this is not a suitable option for you, you may tick the box at the bottom of the page to indicate your agreement with the declaration.

- I certify that the information I have provided is true and correct.
- I consent for the Department of Transport (DoT) to use the contact details I have provided on this form for all DoT dealings.\*
- 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.
- If this application is approved, I undertake to observe the conditions of participation in the Scheme and acknowledge that any misuse of the concession provided may lead to cancellation of membership and/or legal action or other penalties imposed by DoT.
- I hereby authorise DoT and/or its employees to contact my medical practitioner(s) in regards to this application for the purpose of obtaining information to support 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 TUSS.
- I understand that my application will be returned to me if incomplete.

\* DoT administers a range of licences and services, including driver's licences; vehicle licences; the Taxi User Subsidy Scheme; WA photo cards; off-road vehicle registration; learner's permits; extraordinary licences; recreational skippers tickets; and boat registration.

TUSS APPLICANT'S SIGNATURE

(or other person authorised to sign if applicant is unable to sign)

DATE SIGNED

/ /

If signed by other person, please print your full name.

FULL NAME OF AUTHORISED OTHER PERSON

SOURCE OF AUTHORITY IF SIGNED ON APPLICANT'S BEHALF:

Power of Attorney

Guardianship Order

Other (please specify)

### Signature alternative

I am unable to sign this form. By ticking this box, I agree with the declaration above.

**Note:** if you tick this box, DoT may need to contact you to confirm your declaration and any changes to your details.

# PART B: To be completed by your medical practitioner

The Taxi User Subsidy Scheme (TUSS) is available to people who have a severe and permanent disability that will always prevent them from using conventional public transport. Please complete all sections relevant to the applicant and certify the back of the applicant's photograph as shown.

## APPLICANT DETAILS

NAME OF APPLICANT

CURRENT AGE OF APPLICANT

## MOBILITY DISABILITY

**DIAGNOSIS ONE: CURRENT CONDITION AFFECTING MOBILITY**  
CONDITION

DATE OF ONSET

/ /

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


Is the applicant undergoing any treatment or rehabilitation to improve their functional mobility?

Yes No

If yes, please give details of the current treatment or rehabilitation.


The condition is likely to

Deteriorate Improve Stay the same

If the applicant's condition is likely to improve, when do you expect the person to have stabilised or regained enough function to use conventional public transport?

months

**DIAGNOSIS TWO: CURRENT CONDITION AFFECTING MOBILITY**  
CONDITION

DATE OF ONSET

/ /

## MOBILITY DISABILITY

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


Is the applicant undergoing any treatment or rehabilitation to improve their functional mobility?

Yes No

If yes, please give details of the current treatment or rehabilitation.


The condition is likely to

Deteriorate Improve Stay the same

If the applicant's condition is likely to improve, when do you expect the person to have stabilised or regained enough function to use conventional public transport?

months

**DIAGNOSIS THREE: CURRENT CONDITION AFFECTING MOBILITY**  
CONDITION

DATE OF ONSET

/ /

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


## MOBILITY DISABILITY

Is the applicant undergoing any treatment or rehabilitation to improve their functional mobility?

Yes No

If yes, please give details of the current treatment or rehabilitation.


The condition is likely to

Deteriorate Improve Stay the same

If the applicant's condition is likely to improve, when do you expect the person to have stabilised or regained enough function to use conventional public transport?

months

### OTHER RELEVANT MEDICAL HISTORY WHICH IMPACTS ON PUBLIC TRANSPORT USE

CONDITION

DATE OF ONSET

/ /

IMPACT ON MOBILITY


CONDITION

DATE OF ONSET

/ /

IMPACT ON MOBILITY


CONDITION

DATE OF ONSET

/ /

IMPACT ON MOBILITY


## MOBILITY DISABILITY

### ASSISTANCE REQUIREMENTS

Does the applicant use a walking aid?

Yes No

If yes, please specify

Walking frame / rollator Tripod / quadcane

Crutches Walking stick

Other

Does the applicant require assistance from another person for all mobility?

Yes No

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

Does the applicant use a wheelchair or mobility scooter?

Yes No

If yes, please specify

Manual wheelchair Electric wheelchair

Mobility scooter

How often is the wheelchair / mobility scooter used?

Always Occasional use

Outside use / long distance only

How does the applicant use the wheelchair / mobility scooter?

Independently (travels alone) With assistance

## VISION DISABILITY

### SPECIFIC DIAGNOSIS OF VISUAL IMPAIRMENT

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

Does the applicant meet the eligibility criteria for legal blindness?

Yes No

If yes, please provide photocopies of documentation to support legal blindness.

## COGNITIVE / INTELLECTUAL DISABILITY

CONDITION

DATE OF ONSET

/ /

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


Is the applicant undergoing any treatment or rehabilitation to improve their cognitive / intellectual disability??

Yes No

If yes, please give details of the current treatment or rehabilitation.


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

Mild Moderate Severe

Would the applicant require the constant assistance of another person to use a bus?

Yes No

Please supply relevant information to support the level of cognitive disability, for example:

- Mini Mental State Examination (MMSE) score;
- NDIS report (or section);
- Aged Care Assessment Team report; or
- other relevant report / evidence, as determined by the medical practitioner.

## PUBLIC TRANSPORT USE

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

Yes, always	No it does not
Yes, sometimes / mostly	Do not know, unsure of impact

## FURTHER INFORMATION

Please provide any other information which you feel will be of assistance to our assessors in making a determination.


## MEDICAL PRACTITIONER DETAILS

Please print clearly or use a practitioner's stamp.

I have examined the applicant and certify that to the best of my knowledge, the information provided is true and correct.

MEDICAL PRACTITIONER'S FULL NAME

ADDRESS


SUBURB

STATE

POST CODE

PHONE NUMBER

AUSTRALIAN HEALTH PRACTITIONER REGULATION AGENCY REGISTRATION NUMBER

SIGNATURE

PLEASE ENSURE YOU HAVE CERTIFIED THE BACK OF THE APPLICANT'S PHOTOGRAPH.

## APPLICATION CHECKLIST

Part A: all required fields completed.

Part A: attach documentation proving your identity and that you reside in Western Australia.

Part A: colour photograph and attached and signed by medical practitioner.

Part A: declaration ticked or signed

Part B: all required fields completed.

Part B: Medical practitioner declaration signed.