

# Disabled Person's Freedom Pass

Guidance Notes and Application Form



www.royalgreenwich.gov.uk

## Adults & Older People's Services and Children's Services

## Guidance Notes & Application Form for Disabled Person's Freedom Pass

Please read these notes carefully before completing the application form (FP1)

## What is the Disabled Person's Freedom Pass?

The Disabled Person's Freedom Pass provides free travel at any time in Greater London on: Buses, London Underground, London Overground, Docklands Light Railway and Croydon Tramlink.

Free travel on National Rail services is also available from 9.30am Monday to Friday and all day weekends and Public holidays.

## Who qualifies for a Disabled Person's Freedom Pass?

You may automatically qualify for a Disabled Person's Freedom Pass if you can provide evidence that:

	Yes	No	Evidence required
You are blind or partially sighted			CVI – Certificate of visual impairment
You receive the higher rate mobility component of Disability Living Allowance			DLA – Statement of award or Mobility Vehicle Insurance certificate
You receive a War Pensioners' Mobility Supplement			Statement of Award

You may also qualify for a Disabled Persons' Freedom Pass if you can provide evidence that:

	Yes	No	Evidence required
You are profoundly (70 – 95dBHL) or severely deaf (95+dBHL)			Audiologists report
You are without speech			Medical evidence
You are without arms or have a long term loss of both arms			Medical evidence
You have a learning disability Are you registered?			If you have answered No to this question; please contact the Community Learning Disability Team (CLDT) Tel: 020 8921 4860 (Duty)

We will consider giving you a Freedom Pass if you have been refused a driving license or if your doctor can provide us with medical evidence to demonstrate that if you applied for a licence to drive a motor vehicle you would have your application refused on the basis of physical fitness. This can not be on the grounds of persistent misuse of drugs or alcohol.

You will need to provide evidence that shows one of the following:

	Yes	No	Evidence required
Are you medically unfit to drive			DVLA letter
You suffer from a severe mental disorder which prevents you from driving			G.P - medical evidence CPN – medical evidence Mental Health Team referral
You have had an epileptic fit whilst awake within the last 12 months			Medical evidence
You suffer from sudden attacks of giddiness or fainting			GP – Medical evidence
You are unable to read a number plate in good light, with lenses or glasses at 20.5 metres			Optician/Ophthalmic report
You have any other condition that prevents you from driving safely?			If you have answered No to this question. Please tell us what condition you have:

You may also qualify for a Freedom Pass if you have a permanent and substantial disability which means you cannot walk or can only walk with considerable difficulty. Applicants under this criterion will be required to attend a mobility assessment.

## How do I renew my Freedom Pass?

We will send you a letter six weeks before your pass expires telling you how to renew your Freedom Pass.

If you require a mobility re-assessment we will contact you earlier with the date and time of your assessment.

## Do I need a photograph for my Freedom Pass?

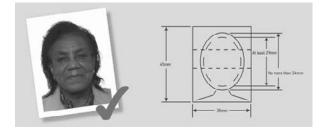
Yes, you will need a photograph for your new Freedom Pass.

From April 2010 the photograph will become an integral part of the Freedom Pass. In order to ensure that your photograph meets the standard required please read the guidance on the next page.

The photograph must be:

- Face forwards, looking straight towards the camera. It should include the whole head and not have any chin, top of head or ears missing
- Nothing covering your face
- Your full head, without head covering. Unless worn for religious beliefs or medical reasons
- Taken quite recently
- Passport sized (45mmx 35mm)
- A colour photograph taken against a plain background. Preferably against a pale plain background so that all your features are clearly distinguishable
- Undamaged (e.g.: by creases, staples, paperclips or other marks)
- Your eyes open and clearly visible. Reactor glasses may be worn so long as your eyes are clearly visible through the lens. Dark glasses are permitted if worn for medical reasons. (London Councils guidance **www.freedompass.org** Tel: 0845 275 7054 0r 020 7934 9633)

Example of acceptable photograph



## What happens if my Freedom Pass is lost or stolen?

If your Freedom Pass is lost or stolen you have to report it to the Police. They will give you a Crime Reference Number (CRN) or a Lost Property Slip.

When you have been given either a Crime Reference Number or a Lost Property Slip you should contact the Mobility Team on Tel: 020 8921 2388 informing them of the loss.

We will provide you with a new authorisation letter which you will have to take to the Post Office. You will then be issued with a new Freedom Pass.

Please note: A charge will be made for a new Freedom Pass if you have had 3 passes reported as lost or stolen.

### Download an application form:

www.greenwich.gov.uk

Contact: The mobility team for an application form to be sent to you Tel: 020 8921 2388 Email: disability-services@greenwich.gov.uk

#### Part A: Personal Details

This section must be completed by all applicants (Please write in Capital letters).

Mr Mrs Miss	Ms
Surname	
First Name(s)	
Date of Birth	
Address	
Postcode	
Home Telephone number	
Mobile Telephone number	
National Insurance No:	

#### Doctor/GP details

Doctor's name	
Address	
Postcode	
Doctor or Surgery Telephone No:	

## Part B: Automatic Eligibility Criteria

All applicants must complete this section. Please tick (  $\checkmark$  ) the boxes under the criteria you are applying for a Freedom Pass.

		Yes	No
1.	Do you receive Disability Living Allowance Higher Rate Mobility Component?		
	You will need to provide a copy of your statement of award with your application for a freedom pass.		
	If you do not have a statement of award then please phone 0845 712 3456 and ask for a copy to be sent to you. Please note we do not accept payment books as proof.		
2.	Do you receive War Pensioners Mobility Supplement?		
	You will need to provide a copy of your statement of award with your application for a freedom pass.		
	If you do not have a statement of award then please phone 0800 169 2277 and ask for a copy to be sent to you. Please note we do not accept payment books as proof.		

	Yes	No
Are you registered Blind or Partially Sighted?		
Are you known to the Community Sensory Service Team with Greenwich Council and do you receive a service from the team?		
If No you will need to provide a photocopy of a Certificate of Visual Impairment (CVI) confirming you are blind or partially sighted		
Do you have a Learning Disability?		
Are you known to the Community Learning Disability Team (CLDT) with Greenwich Council?		
Are you on the learning disability register and do you receive a service from the team?		
If No you will need to supply medical evidence with your application.		
Have you been refused a driving licence (not including refusal due to persistent use of drugs or alcohol) on medical grounds?		
Do you suffer from:		
<ul><li>a. Epilepsy</li><li>b. Sudden fainting attacks</li><li>c. Inability to read a registration plate at 20.5 metres with lenses or</li></ul>		
<ul> <li>d. Other disability which is likely to cause the driving of vehicles to be a source of danger to the public.</li> </ul>		
Please note: You will need to supply a copy of the DVLA refusal letter if you can not supply this then please ask your doctor to complete the medical form attached with your application.		
Are you profoundly or severely deaf?		
Are you known to the Community Sensory Service Team with Greenwich Council and do you receive a service from the team?		
You will have to provide an audiologists report and have been assessed by an aural specialist and assessed as profoundly deaf (70-95dBHL) or severely deaf (95+dBHL)		
Are you unable to communicate orally (speech)?		
If you are unable to speak you will need to provide medical evidence.		
Do you have no arms or the long-term loss of the use of both arms?		
You will need to provide medical evidence.		
	Are you known to the Community Sensory Service Team with Greenwich Council and do you receive a service from the team? If No you will need to provide a photocopy of a Certificate of Visual Impairment (CVI) confirming you are blind or partially sighted Do you have a Learning Disability? Are you known to the Community Learning Disability Team (CLDT) with Greenwich Council? Are you on the learning disability register and do you receive a service from the team? If No you will need to supply medical evidence with your application. Have you been refused a driving licence (not including refusal due to persistent use of drugs or alcohol) on medical grounds? Do you suffer from: a. Epilepsy b. Sudden fainting attacks c. Inability to read a registration plate at 20.5 metres with lenses or glasses d. Other disability which is likely to cause the driving of vehicles to be a source of danger to the public. Please note: You will need to supply a copy of the DVLA refusal letter if you can not supply this then please ask your doctor to complete the medical form attached with your application. Are you profoundly or severely deaf? Are you known to the Community Sensory Service Team with Greenwich Council and do you receive a service from the team? You will have to provide an audiologists report and have been assessed by an aural specialist and assessed as profoundly deaf (70-95dBHL) or severely deaf (95+dBHL) Are you unable to communicate orally (speech)? If you are unable to speak you will need to provide medical evidence. Do you have no arms or the long-term loss of the use of both arms?	Are you registered Blind or Partially Sighted?         Are you known to the Community Sensory Service Team with Greenwich Council and do you receive a service from the team?         If No you will need to provide a photocopy of a Certificate of Visual Impairment (CVI) confirming you are blind or partially sighted         Do you have a Learning Disability?         Are you known to the Community Learning Disability Team (CLDT) with Greenwich Council?         Are you on the learning disability register and do you receive a service from the team?         If No you will need to supply medical evidence with your application.         Have you been refused a driving licence (not including refusal due to persistent use of drugs or alcohol) on medical grounds?         Do you suffer from:         a. Epilepsy b. Sudden fainting attacks         c. Inability to read a registration plate at 20.5 metres with lenses or glasses         d. Other disability which is likely to cause the driving of vehicles to be a source of danger to the public.         Please note: You will need to supply a copy of the DVLA refusal letter if you can not supply this then please ask your doctor to complete the medical form attached with your application.         Are you known to the Community Sensory Service Team with Greenwich Council and do you receive a service from the team?         You will have to provide an audiologists report and have been assessed by an aural specialist and assessed as profoundly deaf (70-95dBHL) or severely deaf (95+dBHL)         Are you unable to communicate

		Yes	No
1.	Do you have a severe and enduring mental disorder?		
	You will need to contact your mental health locality social worker to complete the care co-ordinator section of this form in support of your application.		
	You will need to have a severe and enduring mental disorder and be on the 'enhanced care programme approach' in order to qualify for a Freedom Pass.		
	Please note: That a Freedom Pass will not be issued on the grounds of persistent misuse of drugs or alcohol.		

## Your Care Co-ordinator must complete this section

		Yes	No
1.	Does the applicant have a severe and enduring mental health problem?		
2.	Is the applicant registered on the 'enhanced care programme approach'?		
3.	Is the applicant's mental health monitored regularly by a consultant psychiatrist?		
4.	Does the applicant need travel in order to maintain their mental health? (e.g. has to regularly attend a day centre to manage their condition)		
5.	Do you feel that the applicant is able to drive in spite of their medical condition?		

## Your Care Co-ordinator must sign this section.

Care Co-ordinators Name			
Job Title			
Team			
Address			
<b>Contact Telephone N</b>	0		
Care Co-ordinators signature		Team Managers signature	
Date		Organisational Stamp	

Part C: Discretionary Eligibility Criteria (continued)

Complete this part if you feel you have a disability that means you are unable or virtually unable to walk a short distance without experiencing pain or severe discomfort.

We may ask your G.P for additional information medical information if appropriate.

Eligibility Assessment: You may be asked to attend an interview in order to assess your eligibility further.

1.	What disability or illness do you suffer from?
2.	Does your condition affect your ability to walk?
3.	Have you been suffering from this condition for longer than 12 months?
4.	<b>Do you take regular medication for your medical condition?</b> Please give us details here:
5.	Please tell us how your day to day activities are affected by your disability
6.	<b>Do you regularly walk with a walking aid? Yes:</b> No: If you have answered Yes please tell us what type of walking aid you use
7.	Have you ever been visited by an Occupational Therapist (OT) and been assessed for adaptation's within your home? Please give details here:
8.	Please tell us about any recent surgery you have had.
9.	Please tell us about any current treatment or rehabilitation you are receiving.

### Please send a photocopy of the relevant documents listed below please tick ( $\sqrt{}$ ) box

Occupational Therapy Appointment letter	Attached	
Hospital appointment letter or card	Attached	

#### Part D: Declaration - All applicants must complete this section

I declare to the best of my knowledge, all statements I have made in this form are true.

I agree to Greenwich Council sharing the information I have provided to make the necessary checks and agree to them contacting my General Practitioner, Health Professionals, Benefits Agencies, Adults & Older People's Service's and Children's Services, if it is necessary for the purpose of obtaining information about me in support of my application for a Freedom Pass.

I am a permanent resident in the London Borough of Greenwich and accept the conditions of use. I understand that if I give any false information as part of this application it may render me liable to prosecution and that the service you are providing will be withdrawn.

I understand that any information about me may be kept on computer in accordance with the Data Protection Act 1998.

Signed:	Applicant/Parent of Child
Date:	

#### 1. Photographs

You must provide one recent passport size photograph with your signature on the back. (This will be returned to you if your application is unsuccessful)

### 2. Proof of Name and age

You must send a photocopy of one of the following. Please tick ( $\sqrt{}$ ) the evidence you are sending.

Current Passport (UK)	Driving Licence (Pink licence/card)	
NHS Medical Card	Existing Freedom Pass (renewal only	
Birth Certificate (unless your name has changed)	Letter of pension entitlement	

#### 3. Proof of Residency

You must send any two photocopies of the following documents with your application to prove you live in the London Borough of Greenwich; the documents must be addressed to you personally and issued in the last three months. Please tick ( $\sqrt{}$ ) the evidence you are sending.

Evidence		No
Benefits Agency Book/Letter		
Rent Book (Council, Housing Association)		
Tenancy Agreement (Council, Housing Association)		
Utility Bill (Gas, Electric/Water)		
Council Tax Bill/Payment Book		
Personal Bank Statement/Building Society		
Personal credit card statement		
Current TV Licence		

## Part E: Ethnic Monitoring

To help improve our service delivery and to ensure that services are being delivered fairly to all the communities we serve; we would be grateful if you would complete the information below.

Please tick  $\sqrt{}$  the appropriate box

White/British	White/Irish
White/Irish	White/Other
Mixed/White & Black/ Caribbean	Mixed/White & Black/ African
Mixed/White & Asian	Mixed/Other Mixed
Asian/Asian British/Indian	Asian/Asian British/Pakistani
Asian/Asian British/Other Asian	Black or Black British/ Caribbean
Black or Black British/ African	Black or Black British/ Other Black
Chinese	Chinese/Other
Other Ethnic Group Please tell us here:	

## **Religion or Faith**

Buddhist	Jewish	
Christian	Sikh	
Hindu	Other	
Muslim	No religion	
I prefer not to say		

## **Sexual Orientation**

Heterosexual		Lesbian	
Gay Man		Bisexual	
I prefer not to say			

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### Adults & Older People's Services, Mobility Team

2nd Floor The Woolwich Centre 35 Wellington Street Woolwich SE18 6HQ