Government of **Western Australia**
Department of **Transport**
and Major Infrastructure

Application for the Passenger Transport Subsidy Scheme

ODT47

About the Passenger Transport Subsidy Scheme

The Passenger Transport Subsidy Scheme (PTSS) supports eligible people with disability by subsidising taxi services. PTSS is administered by the Department of Transport and Major Infrastructure (DTMI).

Eligibility

To be eligible for PTSS, you must:

- be an Australian citizen or hold Australian permanent resident status;
- live in Western Australia; and
- have a severe or permanent disability from one or more category below that stops you using public transport.

Mobility disability

A condition that affects how well someone can move their body, stopping them from using public transport.

Vision disability

A condition that impacts a person's vision. To be eligible under this category alone, you must be legally blind.

Cognitive or intellectual disability

A condition that affects how people think, communicate, understand, focus and remember.

This can impact a person's ability to independently plan a journey and use public transport.

How to apply

You can apply for PTSS using this paper form, or apply online at transport.wa.gov.au/ptssapplyonline

Follow the below instructions to complete this paper form.

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 (or visit transport.wa.gov.au/ptssidentity). Attach copies of one document from List 1 and one document from List 2. If your documents do not show your WA residential address, also attach a copy of a document that shows your address (examples on page 2).
4. Attach a colour photo of yourself that meets the rules on page 2 (or visit transport.wa.gov.au/ptssphoto).
5. Take this application form and your photo to the appointment with your medical practitioner. Your medical practitioner will complete **PART B** of this form, and certify and sign your photo.
6. 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.
7. Submit your form to DTMI via email or post:

   Email: ondemandtransport@transport.wa.gov.au

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

After you apply

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.

You may be granted permanent or temporary participation for PTSS. If you want to continue using PTSS after your temporary participation, you will need to reapply.

Applicant identity documents

Make sure at least one document shows your full name and date of birth.

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 Australian Government.
- Birth certificate (and evidence of a change of name, such as a marriage certificate).
- Evidence of your Australian citizenship, issued by the Australian Government.

List 2

- Pension card or health care card from the Australian Government.
- Commonwealth Seniors Health Card.
- Department of Veteran Affairs Veteran Card.
- WA Seniors Card.
- Medicare card.

Other documents to show you live in WA

If your documents from List 1 or List 2 do not show your WA residential address, also attach a copy of a document that does show your address (examples below).

- 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 need help providing documents, call 13 11 56 or email ondemandtransport@transport.wa.gov.au.

Photo identification

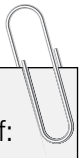
Attach a colour photograph of yourself, that has been certified and signed by your medical practitioner. Make sure you bring this application form and your photo to your medical appointment. Your photo should:

- Be 45mm tall and 35mm wide.
- Show a front on view of your face and shoulders (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).
- Have a light, solid-coloured background (for example, in front of an empty wall).

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 or support person 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 and Major Infrastructure (DTMI), supporting eligible people with disability by subsidising taxi services.

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 a family member, friend, carer or support person.

1. Applicant details

Family name

First name

Other name(s)

Date of birth

Gender Male ☐ Female ☐ X* ☐

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)

Name of residential care facility (if applicable)

Residential address

Residential address

Suburb State Postcode

Postal address

☐ Postal address is the same as residential address

Postal address (if applicable)

Suburb State Postcode

Contact details

Phone number Mobile number

Email

2. Additional contact details

DTMI will always contact applicants directly about PTSS matters.

If we can't reach you, we will get in touch with any nominated additional contacts.

Your additional contacts could be:

- family members;
- friends;
- carers;
- support workers; or
- other trusted people.

Make sure that any additional contacts know they have been nominated.

If you want us to always contact someone else about PTSS matters, you may choose a different preferred contact at the end of this page.

Note: your PTSS card will always be sent to the postal address you have provided.

Additional contact 1

Family name

First name

Other name(s)

Relationship to applicant

Phone number | Mobile number

Email

Additional contact 2

Family name

First name

Given name(s)

Relationship to applicant

Phone number | Mobile number

Email

Preferred contact

Preferred contact for PTSS matters: Applicant ☐ Additional contact 1 ☐ Additional contact 2 ☐

5. Privacy policy

The Department of Transport and Major Infrastructure (DTMI) collects your personal information, including health and disability information, to process and assess your application to participate in the Passenger Transport Subsidy Scheme (PTSS). If your application is successful, your personal information will also be used to administer your participation in the scheme.

Your health and disability information that you or your medical practitioner provides will be disclosed to an independent Occupational Therapist contracted by DTMI, for the purpose of determining your eligibility for PTSS.

Providing this information is voluntary, but if you do not provide the required information, we may not be able to confirm your identity or eligibility and will be unable to approve your application.

You may access or correct your personal information by emailing foi@transport.wa.gov.au or visiting our Freedom of Information page: transport.wa.gov.au/foi.

For more details on how we handle your personal information, see our Privacy Policy.
transport.wa.gov.au/privacy

☐ **I have read and agree to the terms and conditions in DTMI's Privacy Policy**

6. Declaration

The applicant must sign the following declaration for your application to be assessed. Note you may use an electronic signature, and 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 DTMI should my circumstances change.
- I consent for DTMI to use the contact details I have provided on this form for all DTMI dealings (DTMI dealings include but are not limited to driver's licences, vehicle licences, WA Photo Cards and boat registrations).
- I authorise my medical practitioner(s) to provide the relevant medical, psychiatric or allied health information required by DTMI for the assessment of this application.
- I consent to DTMI disclosing the health information provided in my application to a third party Occupational Therapist contracted by DTMI, 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 DTMI under the *Transport (Road Passenger Services) Regulations 2020*.
- I understand a review of my eligibility to participate in PTSS, including level of subsidy, can be requested by DTMI 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, DTMI 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 DTMI currently holds.

Part B – Medical practitioner to complete

The Passenger Transport Subsidy Scheme (PTSS) is administered by the Department of Transport and Major Infrastructure (DTMI), supporting eligible people with disability by subsidising taxi services.

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

DTMI 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