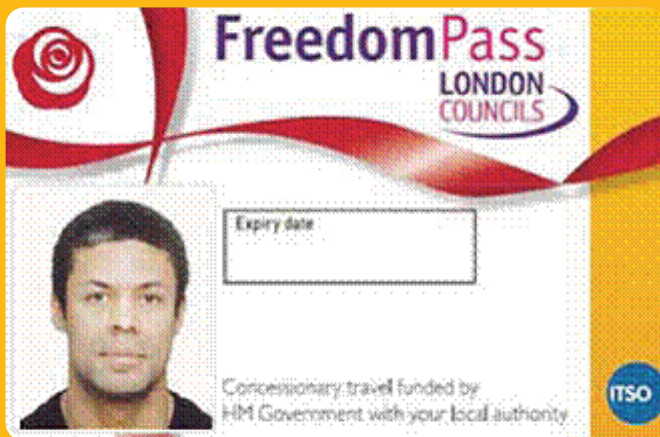


# Application form for a disabled person's freedom pass



Please use this form if you are applying for a Disabled person's freedom pass for the first time, or if you need to renew your pass which is due to expire.

If you are 60 years of age or over you are automatically eligible for an Older person's freedom pass and you need to apply directly to a Post Office. Application forms and more information is available on line at <http://www.freedompass.org/>

You **may not** hold both a Disabled person's freedom pass and an Older person's freedom pass.

Please review the checklist to ensure you have completed all relevant parts of the form and enclosed supporting documentation before returning to:

London Borough of Lambeth  
Accessible Transport Services  
Hopton House  
243A Streatham High Road  
London SW16 6EY

## Notes to assist you with the completion of this application form

- Please read all of the notes on pages 17 to 20 before you answer the questions.
- We need to see proof of some things you tell us about. We have put this sign where you need to send us proof. **Proof needed ✓**
- Use blue or black ink, do not use pencil.
- Please write clearly in CAPITAL LETTERS.
- If you make a mistake, cross it out and put the correct answer next to it.
- Do not use correction fluid.
- Please fill in all the details we ask for or your application will be delayed.
- Allow thirty (30) working days for processing applications.

## Lost and Stolen Freedom Pass:

Do not complete this application form for lost/stolen unless required. Please read as follows.

If your pass has been lost or stolen, you must first report this to the police and obtain a crime reference number or police report/notice. We will require a copy of this police notice. You do not need to complete another application form – unless your lost Freedom Pass has already expired passed its date. For a replacement pass to be issued, you must contact our department on the below details and also to provide a copy of your police notice/number. There is a 10 working day processing timeframe for replacement passes which is required for our team to hotlist your lost/stolen pass and to liaise with police and Transport for London.

Details to send police lost notice. Also include a letter to inform us who you are, your details, and what has happened.

Accessible Transport Unit  
Hopton House  
243A Streatham High Road  
London  
SW16 6EY

Further enquiries regarding lost/stolen Freedom Passes on Telephone: 020 7926 5555

### Spanish

Si desea esta información en otro idioma,  
rogamos nos llame al **020 7926 7777**

### Portuguese

Se desejar esta informação noutro idioma  
é favor telefonar para **020 7926 7777**

### French

Si vous souhaitez ces informations dans une autre  
langue veuillez nous contacter au **020 7926 7777**

### Bengali

এই তথ্য অন্য কোনো ভাষায় আপনার প্রয়োজন  
হলে অনুগ্রহ করে ফোন করুন **020 7926 7777**

### Twi

Se woƆe saa nkaeboy yi wo kasa foforo  
mu a fre **020 7926 7777**

### Yoruba

Tí ẹ ba fẹ ìmoràn yìí, ní èdè Òmíràn, ẹjǫ,  
ẹ kàn wà l'ágogo **020 7926 7777**

**If you would like this information in large print, or in another language, please contact 020 7926 7777.**

## SECTION A YOUR DETAILS

If you are completing this form on behalf of the applicant please provide **their details** and complete the representative's or guardian's declaration at the end of the form.

Title: Mr/Mrs/Miss/Ms/Other:

First names (in full):

Last name:

Address:

Postcode:

Date of birth: dd/mm/yyyy

National Insurance number:

2 letters

6 numbers

1 letter

Daytime phone number(s): Home

Work

Mobile

**Proof needed** ✓

You will be required to provide documentation to confirm your residency and identity, this is outlined in Section C.

### FOR OFFICE USE ONLY

Application received

Framework ID

Expiry date

Pass No

**Previous address**

Address:

	Postcode:
--	-----------

Borough:

--

**For Disabled person's freedom pass renewals only:**

Was your previous pass issued by Lambeth or another council?

--

**Number of your current Freedom Pass:**

--

**General Practitioner (GP) details:**

GP's name: \_\_\_\_\_

Practice name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Daytime phone number(s): \_\_\_\_\_

Approximate date last seen: \_\_\_\_\_

**Are you also seeing any other Health Professional or Consultant? If so:**

Name: \_\_\_\_\_

Role: \_\_\_\_\_

e.g. psychiatrist, heart specialist, oncologist, physiotherapist, social worker, audiologist, psychologist

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Daytime phone number(s): \_\_\_\_\_

Approximate date last seen: \_\_\_\_\_

**CONSENT TO SHARING INFORMATION**

Do you agree with the following statement?

“I confirm that the local authority may contact my GP and accredited health professionals if necessary, for the purpose of obtaining information to support my application.”

Yes  No Please print your name in full Client's Signature Date Representative or Guardian's Signature Date **If you do not consent to sharing information we will make a decision on your application based on the information provided.****Although information from health professionals is considered, the final decision about whether to issue you with a Disabled person's freedom pass is made by the council. The decision is based on your eligibility under the disability categories set out in the Transport Act 2000. You may need to attend an interview with an independent assessor.**

## SECTION B ELIGIBILITY

If you answer 'Yes' to any of the **Department for Transport disability categories** listed below you may be eligible to a Disabled person's freedom pass as long as you can supply photocopies of the evidence requested.

For more information on each category please refer to the guidance notes at the back of this form.

### Category A: Blind or Partially Sighted

Are you registered or certified as blind (severely sight impaired or partially sighted)? Yes  No

**Proof needed ✓**

If 'Yes' you must provide one (1) of the following:

- A copy of your ophthalmologist's CVI or BD8 report **or**
- Your Lambeth Council Vision Impairment Registration number and details.

If you are not registered blind with Lambeth, please tell us the name of the council you are registered with:

### Category B: Profoundly or Severely Deaf

Are you registered or certified as profoundly or severely deaf? Yes  No

**Proof needed ✓**

If 'Yes' you must provide one (1) of the following:

- A copy of your audiologist's report **or**
- Lambeth Council Deaf Registration number and details

### Category C: Without Speech

Are you unable to speak in any language? Yes  No

**Proof needed ✓**

If 'Yes' you must provide one (1) of the following:

- A copy of your speech and language therapist's report.
- A copy of your GP or other specialist's report confirming your diagnosis and detailing the effect upon your speech.

**Category D: Has a disability, or has suffered an injury, which has a substantial and long-term adverse effect on your ability to walk**

**D1: Do you receive the higher rate mobility component of the disability living allowance (HRMCDLA)?**

Yes  No

If 'Yes' is the award indefinite?

Yes  No

**Proof needed ✓**

If you have answered 'Yes' to having HRMCDLA you will need to provide one (1) of the following:

- A copy of your award notice letter, issued within the last six (6) months. The letter must state the award period. (If you do not have an award letter please call the Disability Living Allowance helpline on 0845 7123 456).
- A copy of your indefinite HRMCDLA award certificate.

**D2: Do you receive a War Pensioner's Mobility Supplement?**

Yes  No

**Proof needed ✓**

If 'Yes' you must provide:

- A copy of your award letter.

**D3: Are you unable to walk or have considerable difficulty in walking because of a permanent and substantial disability, or would the "exertion to walk constitute a danger to your life or be likely to lead to a serious deterioration of your health?"**

Yes  No

If 'Yes' you must answer the following questions as fully as you can:

**Your medical conditions**

List your medical conditions and or disabilities and when did they start?

**Your difficulties in walking**

Please describe your difficulty in walking?

What is the maximum distance you are usually able to walk?

How far can you walk before experiencing serious difficulty or having to stop?

Do these difficulties affect you:

Always  Usually  Occasionally

Only in certain circumstances (if so what are these)?

**Your medication and treatment**

Please give details of any treatment that you have received in the past twelve months relating to your walking disability? (e.g. physiotherapy or attendance at a pain management clinic)

Have you been given medical advice to restrict activity such as walking?

Yes  No

If 'Yes' who gave you this advice?

Do you take prescribed medication to control your condition?

Yes  No

If 'Yes' by which medical professional?

If 'Yes' how often?

**Walking aids and assistance**

Do you use a wheelchair? Yes  No  Sometimes

Do you regularly use a walking aid/device? Yes  No  Sometimes

If **'Yes'** please say what type of walking aid/device and when you use it:

If you replied **'Yes'** to either using a wheelchair or walking aid/device, who recommended your wheelchair, walking aid/device?

On what date was your wheelchair, walking aid/device provided? (If known).

Are you able to travel alone without someone helping you? Yes  No

**Receipt of services**

Have you received, or are you currently receiving any of the following services?

- |  |                          |                              |                          |
|--|--------------------------|------------------------------|--------------------------|
| occupational therapy aids or adaptations | <input type="checkbox"/> | shopping service             | <input type="checkbox"/> |
| personal care                            | <input type="checkbox"/> | day care                     | <input type="checkbox"/> |
| domestic care                            | <input type="checkbox"/> | older persons' freedom pass  | <input type="checkbox"/> |
| meals                                    | <input type="checkbox"/> | disabled persons' Blue Badge | <input type="checkbox"/> |
| carelink alarm                           | <input type="checkbox"/> | taxicard                     | <input type="checkbox"/> |

Please ensure you have provided contact details for all health professionals referred to above in Section A.

**Applicants who do not automatically qualify for a Disabled Freedom Pass are usually invited to attend an assessment. If you choose not to attend, we will make a decision on your application based on the information provided.**

If English is not your first language, will you need an interpreter? Yes  No

If **'Yes'** please specify the language.

**Category E: Does not have arms or has long-term loss of the use of both arms?**

**Are you without arms or have long-term loss of the use of both arms?**

Yes  No

If **'Yes'** please describe:  
Your medical condition.

Any aids or medical equipment related to this disability?

**Proof needed** ✓

If **'Yes'** you must provide:

A letter from your GP or Health Professional verifying your medical condition

**Category F: Has a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning.**

**Do you have a learning disability?**

Yes  No

If **'Yes'** please answer the following questions

Please name your disability or medical condition.

Please describe any symptoms/behaviours you experience because of your learning disability.

Are you known to Lambeth Social Services or are you registered for your learning disability?

Yes  No

If **'Yes'** please provide details.

Have you attended a special school and or have been Statemented?

Yes  No

If **'Yes'** please provide details.

Are you supported by any carers or specialist services? (e.g. day centre or colleges)

Yes  No

If **'Yes'** please provide details.

Do you receive any other help related to your learning disability?

Yes  No

If **'Yes'** please provide details.

It would assist your application if you are able to provide any other details about how your disability affects your everyday life, for example:

- Statement of Educational Needs.
- Speech/language therapy report.
- Social worker/psychologist report.
- Mencap registration, details and support.
- Details of registration with any organisation which supports you to manage your daily routine.

Please ensure you have provided contact details for all health professionals referred to above in Section A.

**Category G: Would, if you applied for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, have your application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the grounds of persistent misuse or alcohol abuse.**

**Have you been, or would you be, refused a licence to drive for any reason other than misuse or alcohol abuse?**

Yes  No

If **'Yes'** please answer the following questions

Please name and describe your medical condition(s).

Do you have a valid driving licence?

Yes  No

Have you been given medical advice to restrict driving?

Yes  No

If **'Yes'** who gave you this advice?

Do you take prescribed medication to control your condition?

Yes  No

If **'Yes'** by which medical professional?

If **'Yes'** how often?

When was the last time your medication and symptoms were reviewed by a specialist?

Please ensure you have provided contact details for all health professionals referred to above in Section A.

**Proof needed** ✓

If you wish to qualify under Category G you must provide one of the following:

- DVLA statement regarding your inability to drive.
- Statement from your specialist medical practitioner confirming your medical condition, prognosis and detailing recommendations of your inability to drive made under the DVLA medical standards of fitness to drive

## SECTION C RESIDENCY & IDENTITY DOCUMENTATION AND PAYMENT

You must provide us with the following documentation, if you do not your application will be delayed while we return it to you.

### 1. Proof of residence in the London Borough of Lambeth

#### Proof needed ✓

Please provide a **photocopy** of any two (2) of the following documents to confirm your name and address, one (1) of which must be dated within the last three (3) months (please tick). If you are applying on behalf of a young person refer to the guidance notes.

- Council tax bill
- DWP letter of benefits or pension entitlement
- Utility bill e.g. gas, electricity, land line phone, water
- Bank statement
- Rent book
- Tenancy agreement or contents insurance agreement
- Letter confirming you are on the electoral register
- Domiciliary care bill

### 2. Proof of your identity

#### Proof needed ✓

Please provide a **photocopy** of one (1) of the following documents (please tick).

- Driving licence photo card or paper copy
- Passport photo page (current or expired)
- Birth certificate
- Marriage certificate
- Asylum seekers registration card or standard acknowledgement letter

## SECTION D DATA PROTECTION NOTICE

We will deal with the personal information you provide in line with the Data Protection Act 1998. We will use the information to assess whether you qualify for a Disabled Freedom Pass and manage our services. We will not use your information for any other purpose.

We may use the information that you have provided to prevent or detect fraud. We may also share the information you have provided with other sections in the council and with agencies such as the police or Transport for London.

We cannot discuss your application or personal details with anyone unless you give us permission to do so. If a representative or guardian has completed this form on your behalf we may discuss your application with them.

## SECTION E DECLARATION

This section **must** be completed by the applicant or their representative or guardian.

1. I declare that to the best of my knowledge all the information I have provided is correct. I understand that the council can take action against me if I provide false documentation.
2. I understand there are terms and conditions of use associated with the Disabled person's freedom pass and I agree to use the pass in accordance with those conditions.
3. I understand that you will deal with all documents relating to this application in line with the Data Protection Act 1998, and you may share them with other agencies and the police to detect and prevent fraud.

Your signature, or your representative's or guardian's signature

Date

### REPRESENTATIVE OR GUARDIAN

If a representative or guardian is completing this form they should print and sign their name below:

Name

Signature

Date

Address

Your relationship to the applicant

Daytime phone number(s): Home

Work

Mobile

**CHECKLIST**

Please completed appropriate sections and enclose relevant documents.

**Completed:**

- Section A including consent to share information
- Section B or
- Section C if required
- Section D

**Enclosures:**

- Eligibility documentation from Section B or C
- Proof of residence
- Proof of identity

**Declaration:**

- Section E
- Signature for Freedom Pass



This form is separated from the main application form and will not be used as part of your assessment. Your answers will be treated in the strictest confidence. The information you provide will only be used for monitoring purposes and to assist us with improving our processes to ensure we are reaching all sections of the community. How you complete this form has no connection to the evaluation of your application.

<b>SEX:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
-------------	---

<b>ABOUT YOU</b> Gender identity:	Is your gender identity the same as the gender you were born with?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you live and work full time in the gender role opposite to the one you were born with?  <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------	--	---

<b>ABOUT YOU</b>	What is your ethnic group? Please choose one selection from (1) to (e) and then tick the appropriate box to indicate your cultural background.	
(a) White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other please specify: _____	
(b) Dual Heritage	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other please specify: _____	
(c) Asian	<input type="checkbox"/> British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other please specify: _____	
(d) Black	<input type="checkbox"/> British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other please specify: _____	
(d) Chinese or Other	<input type="checkbox"/> Chinese <input type="checkbox"/> Other please specify: _____	

<b>ABOUT YOU</b> Do you consider yourself disabled?	What do we mean by a disability? The Disability Discrimination Act defines disability as 'a physical or mental impairment with long term, substantial effects on ability to perform day to day activities.'  <input type="checkbox"/> Yes <input type="checkbox"/> No	
--	---	--

<p><b>ABOUT YOU</b> How would you describe your sexual orientation? Please tick one box only.</p>	<p><input type="checkbox"/> heterosexual/straight <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say</p>
---	---

<p><b>ABOUT YOU</b> What is your faith/religion/belief? Please tick one box only.</p>	<p><input type="checkbox"/> Agnostic <input type="checkbox"/> Atheist <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Humanist <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Other please specify _____ <input type="checkbox"/> Prefer not to say</p>
---	--

<p><b>ABOUT YOU</b> Please select your age group</p>	<p><input type="checkbox"/> 18-25 <input type="checkbox"/> 26-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65 and over</p>
--	--

# DISABLED FREEDOM PASS APPLICATION HELP NOTES

Please read these notes before completing your application. Please also detach and retain these notes for your information.

## 1. Introduction

If you are aged sixty (60) or over or have an eligible disability and your sole or principal residence is a London borough, you can apply for a Freedom Pass to help you travel around London. The Freedom Pass enables you to travel free on London's public transport which includes buses, the tube, trains, London Overground, Docklands Light Railway and trams. However if you are travelling by National Rail you need to make sure you are travelling in the correct areas or you may receive a penalty fare.

From 2 January 2009, both older London residents and disabled Freedom Pass holders can use their passes 24 hours a day on any TfL transport in London.

From 1 April 2008, both older London residents and disabled Freedom Pass holders (excluding 'London Only' pass holders) can use their passes on local bus services anywhere in England. Outside of London, these pass holders will be able to travel free between 9:30am and 11:00pm Monday to Friday, all day at weekends and on public holidays.

The Freedom Pass is not valid on some local bus routes and trains in and around the boundaries of London which are not part of the Transport for London network. A pass holder should contact the relevant transport company to check if these routes accept the Freedom Pass.

Older London residents can obtain a Freedom Pass directly from a local Post Office. However residents applying for a disabled Freedom Pass, the purpose of this application form, need to do so through their local council who will assess their eligibility under the criteria set out in the Transport Act 2000. If successful the council will provide an authorisation letter that the applicant should take to a local Post Office to collect their Disabled Freedom Pass.

## 2. Council and applicant's responsibilities

Lambeth Council is authorised and required to determine whether an applicant is a 'disabled person' for the purposes of obtaining a disabled Freedom Pass under the Transport Act 2000 and associated government guidance. The council may only issue nationwide scheme passes where the applicant meets the specific eligibility criteria.

As an applicant you are responsible for providing adequate evidence to demonstrate that you meet the specific eligibility criteria required to qualify for a disabled Freedom Pass. If your application form is incomplete we will return it and your application will not be processed. If your eligibility is unclear you may be asked to attend a mobility assessment, this will be carried out by an independent occupational therapist. Please note that we cannot take responsibility for any travel costs you incur whilst your application is being processed, regardless of the outcome.

Your application and any other medical evidence you provide will be carefully considered. However the final decision rests with the council and will be based solely on whether the council is satisfied that the eligibility criteria has been met.

Please review the checklist in Section E to ensure you have completed all relevant parts of the form and enclosed supporting documentation before returning to:

London Borough of Lambeth  
Accessible Transport Services  
Hopton House  
243A Streatham High Road  
London SW16 6EY

Telephone enquiries: 020 7926 5555

Email enquiries: [accessibletransport@lambeth.gov.uk](mailto:accessibletransport@lambeth.gov.uk)

### **3. Section A: Your Details**

Section A asks for your personal details including name, address, post code, date of birth, national insurance (NI) number and contact telephone number.

NI numbers can normally be found on your NI card, P45, P60, notice letter from the DWP, tax letter from HM Revenue & Customs, wage slip, payslip or benefit book.

You will be asked to provide proof of your identity and residency, without this your application will be returned. See Section C for the list of acceptable proof.

Previous addresses and Freedom Pass information helps us to correctly identify you and process your application more quickly and efficiently. If your previous pass was provided by a borough other than Lambeth your application will be treated as 'new' under current Lambeth processes and procedures.

We ask that you provide us with your GP and other health professional's details together with the consent to share information with relevant parties. If your eligibility is unclear this assists us with further enquiries without delaying your application.

### **4. Section B: Eligibility**

You are eligible for a Disabled Freedom Pass if you meet one of the seven (7) eligibility categories described below.

#### **Category A: Blind or partially sighted**

The formal notification to register as blind (severely sight impaired) or partially sighted with your local authority is a Certificate of Visual Impairment (CVI) signed by a consultant ophthalmologist. The CVI was formerly known as the BD8 which is also acceptable documentary proof. However registration is voluntary.

#### **Category B: Profoundly or severely deaf**

The notification to register as profoundly or severely deaf with your local authority is an audiological report or a report from an aural specialist. However, as in the case of blind and partially sighted people, registration is voluntary.

#### **Category C: Without speech**

Included within this category are people who are unable to communicate orally in any language. It does not include people whose speech may be slow or difficult to understand. The council will require evidence from a speech and language therapist or GP advice relating to a medical condition that effects speech.

## **Category D: Has a disability, or has suffered an injury, which has a substantial and long-term adverse effect on your ability to walk**

To describe eligibility this category is divided into three (3) components as further described below.

### **D1. Higher Rate Mobility Component of the Disability Living Allowance (HRMCDLA)**

If you receive the HRMCDLA you may be considered to automatically qualify for a Freedom Pass. You will have had an award letter from the Disability and Carer's Service (DCS) or a vehicle with duty excise exemption. If you have lost this the DCS can provide another copy. We ask that you provide an award letter that has been issued within the last six (6) months or, if you have an indefinite award, a copy of the original certificate.

### **D2. War Pensioner's Mobility Supplement (WPMS)**

If you receive the WPMS you may be considered to automatically qualify for a Freedom Pass. You will have an award letter from the Service Personnel and Veteran Agency.

### **D3. Inability or considerable difficulty in walking because of a permanent and substantial disability; or the exertion to walk constitutes a danger to your life or is likely to lead to serious deterioration of your health**

Please describe the nature of your disability and give an estimate of the maximum distance you can walk without assistance or severe discomfort. We understand how difficult it can be to accurately work out the distance you can walk. There are several things that can help you:

Ask someone to walk with you and pace the distance you walk. The average adult step is less than one metre. For example, if the person walking with you took 100 steps, you would have walked about 90 metres.

- A size 9 shoe is about one third of a metre.
- The average double decked bus is about 11 metres long.
- A full size football pitch is about 100 metres long.

If you still find it difficult to work out the distance you can walk in metres please tell us:

- The number of steps you can take, and how long in minutes, it takes you to walk this distance.
- About your walking speed.
- The way you walk, for example shuffling, or small steps and so on.

## **Category E: Does not have arms or has long-term loss of the use of both arms**

Upper limb double amputees and applicants with muscular dystrophy, a spinal cord injury or motor neurone disease can apply under these criteria. This category may also include applicants with a congenital absence of both upper limbs as well as those with both arms but who are unable to carry out day to day tasks with them. The council will require independent medical advice to support the application.

## **Category F: Has a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning**

A person with a learning disability has a reduced ability to understand new or complex information, a difficulty in learning new skills and may be unable to cope independently. A learning disability sufferer would qualify for specialist services and may have had a special education provision and therefore is probably already known to the Authority's Learning Disability Service. If not, independent medical advice to support the application will be required.

**Category G: Would, if you applied for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, have your application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the ground of persistent misuse of drugs or alcohol**

The Secretary of State may refuse to issue a drivers licence on the grounds of medical fitness such as certain types of epilepsy and severe mental disorders. However with specific reference above, people who persistently misuse drugs and alcohol will not be eligible for a disabled Freedom Pass.

It is not envisaged that an applicant would have to apply and be refused a licence to qualify under this category. However independent medical advice to show that such an application would be refused is required.

## **5. Section C: Residency & Identity Documentation and Payment**

The council is therefore required to satisfy itself as to the identity of the applicant and that they reside within the borough.

Acceptable evidence for residency and identity is listed. Please send photocopies and not original documents. Note that a mobile telephone bill is not accepted as proof of residence. If you are unable to provide evidence as per the list please explain why this is the case and or call the Accessible Transport Services office.

If the applicant is a young person we also accept the following as evidence of residence:

- NHS Medical Card
- Child Benefit Notice from HM Revenue and Customs
- Disability Living Allowance Letter
- Birth Certificate

## **6. Section E: Declarations**

All applicants, or guardians and representatives on their behalf, must sign and date the form to confirm they have read, understood and agree with each of the statements.

## **7. Appeals**

If your application is rejected you may appeal. In order for the council to undertake a further review of this decision you will need to provide new evidence or information concerning your disability.

You do not need to submit another application form. Please write a letter clearly stating:

- Your name, address and date of birth.
- Your intention to appeal the council's decision.
- The reasons for your appeal.
- The criteria (see above) that you believe you qualify under.

Appeals are accepted if made in writing within twenty-eight (28) days of an application being rejected. We aim to process appeal applications in approximately six (6) to eight (8) weeks. Only the information presented in your appeal can be considered so please ensure you notify us if you are seeking further information.

You may report your case to the Local Government Ombudsman if you feel that there have been procedural irregularities in dealing with your application. You are able to obtain further information about this from the Lambeth Complaints Team on telephone 020 7926 9694 or email [complaints@lambeth.gov.uk](mailto:complaints@lambeth.gov.uk)



