

# Disabled Person's Freedom Pass Guidance Notes



Please read this document carefully before completing the application form, as it provides a guide to applying for the Disabled Person's Freedom Pass scheme.

This application form is for a **new** Freedom Pass and **not the replacement** of an existing pass issued by the London Borough of Camden. If your Freedom Pass is damaged, lost or stolen then please contact Journeycall Ltd on 0300 330 1433 and arrange a replacement. There is a £12 charge for lost or damaged passes.

## HOW WE USE THE INFORMATION YOU GIVE US

The information you provide will be treated confidentially and will only be shared with other organisations when it is legal to do so, or where it is necessary for the production of the Pass.

## SECTION A – PERSONAL DETAILS (To be completed by ALL applicants)

To apply for a Disabled Person's Freedom Pass, you must provide proof that your only or principal address is in Camden. This proof can be a **photocopy of one** of the following documents:

- Current Council Tax bill
- Current Television Licence
- A recent electric, gas, telephone or water bill\*
- A confirmation of address letter from the Manager of your Sheltered Accommodation\*

All proofs must bear your name and address. **The documents marked \*** must have been issued within the **last 3 months** and be original documents. Failure to provide proof of address may result in a delay in processing your application.

Disabled Person's Freedom Passes are available to all eligible applicants regardless of their gender, age, ethnic background, religion or sexual orientation. Please assist us to assess this equality objective by providing information about your ethnic background. This information will not affect your application.

## SECTION B – QUALIFYING CRITERIA AND ACCEPTABLE PROOFS

Please complete the parts that are relevant.

### **PART 1** *“You are blind or partially sighted”*

This part of the form is to be completed by applicants who are blind or partially sighted. You must provide a copy of your BD8 or CVI which confirms this. Alternatively, tick the box if you are registered with Camden Council's, or any other local authority's, Sensory Needs Service. Please provide contact details of the professional who may be able to provide information regarding your condition.

**PART 2** *“You are profoundly or severely deaf”*

This part of the form is to be completed by applicants with hearing impairments. To be considered profoundly deaf means that you have a hearing loss of at least 70dBHL. You will need to provide an audiology report confirming this. If you are known to Camden’s Sensory Needs Team, they may be able to provide this information on your behalf.

**PART 3** *“You are without speech”*

This part of the form is to be completed by applicants without speech. To be considered without speech means that you are unable to make clear basic oral requests. **Please note** that this category does not include those whose speech may be slow or difficult to understand due to a severe stammer or those who cannot speak English, but who can communicate in another language.

**PART 4** *“You have a disability, or have suffered an injury, which has a substantial and long-term adverse effect on your ability to walk”*

This part is for applicants who have substantial and long-term mobility impairments. If you have ticked ‘yes’ to the option in part 4 of the form, you will have to provide the required proof.

However, if you receive the Higher Rate Mobility Component of Disability Living Allowance or have been awarded **8 points** or more under the “**Moving Around**” descriptor for mobility of PIP (Personal Independence Payment) and / or “**Communicating Verbally**” activities or the War Pensioners’ Mobility Supplement, please complete **Section D**. You will need to provide a letter that must indicate the full period of entitlement.

If you do not receive either of the above entitlements, you must complete **Section C** of the form.

**PART 5** *“You do not have arms or have long-term loss of the use of both arms”*

This part includes applicants who are upper limb double amputees and those with congenital absence of both upper limbs. Please provide medical evidence confirming this.

**PART 6** *“You have a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning”*

This part is to be completed by applicants with learning disabilities. If you are known to Camden Council’s, or any other local authority’s, Learning Disabilities Service or Special Education Needs Service please provide contact details of your Social Worker. If you have any formal assessment with respect to your learning disabilities, please include a copy with your application.

**PART 7** *“You 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”*

If you have ever been refused a United Kingdom Driving Licence on the grounds of being medically unfit, other than for the persistent misuse of drugs or alcohol, please provide a copy of the Driver and Vehicle Licensing Agency refusal letter or a letter from a Medical Practitioner stating that your medical condition prevents you from holding a driving licence.

## SECTION C – MOBILITY QUESTIONNAIRE

If you have a disability/injury which has a substantial and long-term adverse effect on your ability to walk, but do not receive either the Higher Rate Mobility Component of Disability Living Allowance (HRMC DLA) or PIP (Personal Independence Payment) or War Pensioners' Mobility Supplement (WPMS), you must complete this section.

All applicants may submit additional information with their application form if they wish. This can be a letter from a Medical Specialist, your Social Worker, Nurse, Community Psychiatric Nurse, Counsellor or GP. This statement must be on letterheaded paper, signed and dated.

If we need more information, we may ask you to attend a Mobility Assessment at our offices.

**Only** applicants applying under Part 4 who **do not** receive the Higher Rate Mobility Component of Disability Living Allowance or PIP (Personal Independence Payment) or War Pensioners' Mobility Supplement need to complete this section.

## SECTION D – OTHER QUALIFYING CRITERIA

You should complete this section if it applies to you and provide proof of your entitlement. If you are a holder of a Taxicard or Disabled Parking Badge, please quote your membership/badge number. This can be found on your membership card/badge.

## SECTION E – DECLARATION & CHECKLIST (To be completed by ALL applicants)

All applicants must **sign and date** their application form.

Please tick the boxes to show that you have enclosed all relevant documentation. Please remember to **include proof of your only or principal address** in the London Borough of Camden.

In addition, if you are blind/partially sighted and have a BD8/CVI, or if you receive PIP (Personal Independence Payment) or the Higher Rate Mobility Component of the Disability Living Allowance/War Pensioners' Mobility Supplement, please provide the documentary evidence. If you have completed **Section C**, please provide a copy of your prescriptions over the last six months.

## RETURNING YOUR APPLICATION FORM

An addressed return envelope is included with the application form. You will need to put a postage stamp on the envelope. If you don't, your application may not be delivered to our office.

## WHAT WILL HAPPEN NEXT?

In normal circumstances, application forms will be assessed within 10 working days. However, if your application is incomplete this will delay the assessment. If we require further information, we will write to you within 5 working days.

## OUR DECISION

Applicants will be informed in writing of the Council's decision. Those who qualify for a Disabled Person's Freedom Pass will be sent the pass in the post.

If your application is not successful, we will write to you advising you of the reasons for our decision and inform you of the appeals process.

## CONTACTING US

<b>By telephone:</b>	020 7974 6435
<b>By e-mail:</b>	cats@camden.gov.uk
<b>Our website:</b>	www.camden.gov.uk/cats
<b>In writing:</b>	Camden Accessible Travel Solutions London Borough of Camden PO Box 64175 London WC1A 9BY

## USEFUL TELEPHONE NUMBERS

<b>Disability Living Allowance Helpline:</b>	08457 123456
<b>Veterans Helpline:</b>	0808 1914 218
<b>PIP – Personal Independence Payment:</b>	0345 850 3322