

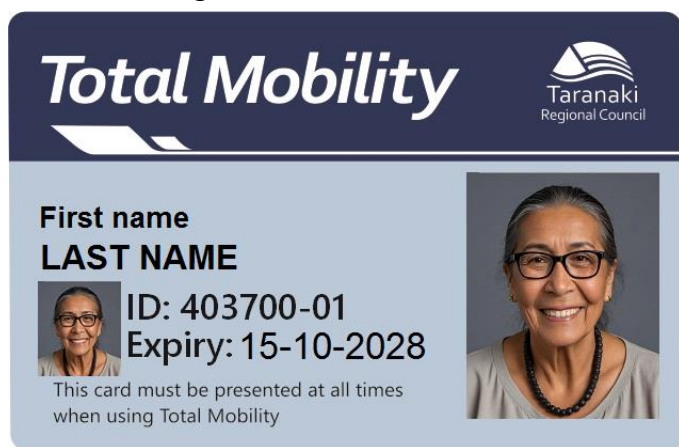
Taranaki

Total Mobility Scheme

The Total Mobility Scheme subsidises door-to-door transport for registered members with the aim of enhancing community participation for people with impairments wherever approved transport providers operate.

Eligibility is open to people of all ages who reside in the Taranaki region and have a physical, intellectual, psychological, sensory, or neurological impairment that prevents them from travelling on public transport in a safe and dignified manner.

People who use scheme must carry a valid Total Mobility photo ID card to get the discounted fare.



Example of a Total Mobility Card

Application checklist

Please ensure the following information is completed and provided:

- Section A: **Applicant details**
- Section B: **Declaration and signature**
- Section C: **Medical eligibility assessment**
- Photo for your Total Mobility ID Card**
(please see below for photo requirements)
- \$5 application fee**
(please see below for payment details)

You can post your application form, photo and payment to:

Total Mobility
Taranaki Regional Council
Private Bag 713
Stratford 4352

Alternatively, you can scan and email your application form and photo to:

transport@trc.govt.nz

Photo requirements for your Total Mobility ID card

Do

- ✓ Passport photos are acceptable. Please print the applicant's name clearly on the back of the photo.
- ✓ Alternatively, a digital photo is welcomed and should be emailed to **transport@trc.govt.nz** Please make sure that the photo includes the applicant's head and shoulders and enough background area to allow for sizing and cropping.
- ✓ The photo must be less than two years old

Don't

- × Send a photocopy of the applicant's driver licence or passport (or any other forms of photo identification)
- × Physically cut the photo from the applicant's driver licence or passport (or any other forms of photo identification) and send it to us.
- × Send multiple photos or multiple copies of the same photo, we only need one.
- × If possible please avoid folding, bending, stapling, or taping the photo as this can cause damage.

Application cost

- The cost of a Total Mobility ID card is **\$5**.
- You can send \$5 cash with your application or pay online into Taranaki Regional Council's BNZ bank account

Online payment details:

Account name: **Taranaki Regional Council**

Account number: **02-0756-0040555-00**

Please include **YOUR NAME** and **TOTAL MOBILITY** in the payment details so we can confirm your payment.

Questions?

If you have any further queries about the Total Mobility Scheme or the application process, please contact the Total Mobility Team or check out our website.

Phone: 0800 868 662 (Monday to Friday 9am – 4pm)

Email: transport@trc.govt.nz

Website: www.trc.govt.nz/total-mobility

Section A: Applicant Details

- Section A must be completed by the applicant (or on behalf of the applicant).
- Question related to ethnicity and employment are for statistical purposes only and will not be used to identify individual users of the Taranaki Total Mobility Scheme.
- Please print clearly and answer the questions as completely as possible.
- **The asterisks (*) indicate mandatory questions.**

Personal Information

*Title (please tick): Mr Mrs Ms Miss Other (please state):

*Surname:

*First Name(s):

Preferred name (this will appear on your card):

*Date of birth:

Contact Information

*Residential address:

Postal address (if different from above):

*Primary phone number:

Secondary phone number:

Email address:

*Preferred communication method (please tick): Post Email

Alternative Contact

Name:

Relationship to applicant:

Primary phone number:

Additional Information

*Ethnicity (please tick): New Zealand European (Pakeha) Māori
 Pacific Islander/Pasifika Asian
 European (including the United Kingdom)
 Other (please state):

*Employment status (please tick): In full-time work In part-time work
 Undertaking voluntary work Superannuitant
 Student (primary/secondary/tertiary – please specify): _____
 Beneficiary (please specify): _____
 Other (please specify): _____

*Have you previously used the Total Mobility scheme in any other region in New Zealand?

No Yes – If yes, please state where:

Please advise the name of any disability community organisation(s) or support agency you are a member of:
(For example: CCS Disability Action, IDEA Services, Age Concern, Stroke Foundation, etc.)

Section A: Applicant Details (continued)

Mobility Aids

Do you use any of the following mobility aids?
(please tick any that apply)

	Always	Sometimes
Manual wheelchair		
Electric wheelchair		
Mobility scooter		
Walking frame		
Walking stick		
Guide dog		
White cane		
Travel companion/buddy		
Crutches		

Trip Estimate

Please estimate the **average number** of one-way trips per week you would like to request for Total Mobility-assisted transport.

- A round trip (to a destination and back) is considered **two** trips.

Destination examples: Grocery shopping, Doctor appointment, social outing, family visit, etc

Trip Reasons	Weekly one-way trips (Please tick)		
	2 to 4	4 to 8	8 to 12

Section B: Declaration & Signature

Assessment Declaration & Condition of Use

- I declare that the statements made in this application and the photo supplied is true and accurate.
- I have never been refused Total Mobility services in the past because of fraudulent use of the Scheme.
- I undertake to use my Total Mobility membership according to the conditions of use set by the Taranaki Regional Council.
- I understand that if I fraudulently abuse the Total Mobility Scheme, my access to the Scheme will be withdrawn and I may be liable for prosecution.
- I agree to use the Total Mobility Scheme in a responsible manner including taking the most advantageous route and minimising travel use where possible.
- I understand that the information provided on the assessment form will be used to establish my eligibility for the Total Mobility Scheme, and for statistical and research purposes which will not identify me as an individual. Only Taranaki Regional Council Total Mobility staff, supporting staff of the NZ Transport Agency Waka Kotahi or Audit New Zealand (when they conduct official audits of the Total Mobility Scheme) will have access to personal information.
- I authorise my doctor or other assessor to provide all information required for assessment of my application.
- I understand that if insufficient information is supplied, registration with the Total Mobility Scheme may not be possible.
- I understand that if insufficient information is supplied, registration with the Total Mobility Scheme may not be possible.
- The Taranaki Regional Council may at any time revoke my membership of the Scheme in the event I have provided false information, or if I fail to meet the eligibility criteria in future or for any other reason whatsoever, including misconduct against a driver or vehicle. I understand that under the Privacy Act 2020, I am entitled to access the personal information about me that an assessor or the Taranaki Regional Council may hold.
- I declare that I will notify Taranaki Regional Council Total Mobility staff of any change of circumstances that may affect my eligibility for the Total Mobility Scheme.
- I understand that by accepting and using the Total Mobility (TM) card I am agreeing to the full Client Terms and Conditions of Use set by the Council and that these can be requested at any time. I understand these terms and conditions may be amended from time to time and will be available at www.trc.govt.nz/total-mobility.

To be signed by Applicant (or representative of the Applicant if they are unable to sign)

Signature: _____

Name (please print): _____

Date: _____

Section C: Medical Eligibility Assessment

Section C must be complete by completed by a **Doctor, nurse, specialist or assessment facilitator.**

- The medical assessment guidelines are contained in the *Total Mobility Handbook for Assessing Medical Eligibility*. A copy is available on the website www.trc.govt.nz/total-mobility or by emailing transport@trc.govt.nz.
- Please print clearly and answer the questions as completely as possible.
- **The asterisks (*) indicate mandatory questions.**

Assessor responsibility

The evaluation of applicants depends on how they would manage a bus journey in Taranaki. If someone doesn't have access to public transport, we consider their situation based on hypothetical journeys instead of real ones to determine eligibility.

***Applicant's name:**

***When unaccompanied, can the applicant complete the following tasks?** (please tick)

Task	Yes	No
*Get to and from the nearest bus stop unassisted assistance?		
*Stand and wait for a bus unassisted?		
*Get on or off a bus unassisted?		
*Handle money, a bus ticket, or bus card unassisted?		
*Travel securely on a bus unassisted?		
*Travel on a bus without getting confused or anxious?		
*Travel on an accessible bus if it was available		

Please note: 7 x 'yes' responses makes the applicant ineligible for the scheme.

***Which of these best describes the general nature of the impairment?** (select all the apply)

Physical Intellectual Neurological Sensory Mental/Psychiatric

Description of impairment: _____

***What is the primary cause on the applicant's disability?** (select the one answer that is most applicable)

Congenital Degenerative Result of an accident Due to illness/disease Multiple causes

***Does the applicant require the use of a wheelchair capable or hoist vehicle?** Yes No

***The applicant's impairment is:**

Permanent – Please sign declaration below **Temporary** – Please answer the question below:

*An impairment is considered temporary if it lasts or is expected to last for at least six months. Please provide clear **start** and **end** dates covering this period. Failing to do so will require the assessment to be returned to the assessor, possibly delaying the applicant's application process.*

Please specify temporary impairment dates:

Impairment **start date:**

Impairment **end date:**

Do the dates above cover a period of 6+ months?

No – please amend dates to ensure eligibility

Yes – please sign declaration below.

Assessor declaration

I confirm that this applicant is eligible for the Total Mobility Scheme and that the information provided in the assessment has been recorded accurately and is true and complete, to the best of my knowledge.

*Assessor signature:

*Date of assessment:

*Assessor name (print):

*Organisation name:

*Practitioner number:

*Organisation phone number:

*Organisation email:

For Council use only: Section A Section B Section C Photo Payment

Approved Declined Date: _____ Signature (TRC staff): _____ EFFECTIVE FROM 1 November 2024