Taxi Voucher Application Form

Brighton & Hove City Council has invested in the Concessionary Travel service and has a duty to ensure that taxi vouchers are being used only by those who are entitled to them. The new taxi vouchers have improved security features including having your photo printed on each voucher.

If you are completing the form on behalf of a child who is aged 16 years or under, please provide their details in the appropriate sections and sign the form on their behalf.

Section 1 Information	n about you the taxi vo	oucher applicant	
Title			
First name(s)	(in full)		
Surname			
Date of Birth			
National Insur Number	ance		
Address			
Home Phone		Mobile	
Email			
Proof of Yo	our Identity		
current name.	• • •	ne following as proof of your identity. This must show you s not show your current name you will need to provide and.	
□ Origina full form Commi □ EEA m □ Curren □ Full old □ Photog CIS4 □ Benefit □ Firearn	n including those issued by issions and HM Forces) ember state identity card t UK or EEA photocard drividestyle driving licence graphic registration cards for a book or original notification is or shotgun certificate nce permit issued by the Hotostons and the state of the state	certificate issued within 12 months of the date of birth in UK authorities overseas such as Embassies High ing licence r self-employed individuals in the construction industry - n letter from Benefits Agency ome Office to EEA nationals on sight of own country	

Proof of Your Address

We need to check that you are a resident in our Local Authority area before we can process your application.

☐ I give consent to the Local Authority to check my personal details on the Local Authority's Council Tax database so that I do not need to submit proof of address.

<u>Or</u>

Please supply a photocopy of ONE of the following which is dated within the last three months as proof that you live at the address stated.

Local Authority Council Tax bill for the current Council Tax year only
Letter from care home on headed paper
Utility Bill; such as gas, electric, satellite television or landline telephone bill
Bank Statement
Current UK driving licence – only if you haven't used this as your proof of identity
Bank, building society or Credit Union statement or passbook dated within the last 3 months
Original mortgage statement from a recognised lender issued for the last full year
Solicitors letter within the last 3 months confirming recent house purchase or land registry
confirmation of address
Council or housing association rent card or tenancy agreement for the current year
Benefit book or original notification letter from Benefits Agency - only if you haven't used
this as your proof of identity
HMRC self-assessment letters or tax demand dated within the current financial year
Electoral Register entry or NHS Medical card or letter of confirmation from GP's practice of
registration with the surgery

Photograph

Please attach one recent passport-style photo of you with your name on the back.

If you have recently been issued a Blue Badge, we may use this photo.

□ Please use my Blue Badge photo.

Alternatively, quality colour photos can be emailed to us.

□ I am emailing a photograph to <u>buspasses@brighton-hove.gov.uk</u>

Attach Photo Here

Please ensure photos provided are in colour, clear and good quality. Failure to provide a photo of the required standard may result in a delay in the processing of your taxi vouchers.

Section 2 Proof of Your Entitlement

To be eligible for taxi vouchers you must be unable to use public transport and meet ONE of the criteria below. Please tick the relevant box and supply the required documentation:
2a. I have a Blue Badge . Serial NumberExpiry
2b. I am in receipt of Attendance Allowance . You must provide a photocopy of the letter showing entitlement to this benefit issued within the last twelve months. If you need a new letter, please contact the Department for Work and Pensions (DWP) on 0800 731 0122. Please note that we may also check that you are in receipt of this award with the DWP.
2c. I am a resident in a care home. Please provide a letter on headed paper from a senior member of staff confirming that you are unable to use public transport. This can also be used as proof of residency.
2d. I am in receipt of the Higher Rate Mobility Component of Disability Living Allowance . You must provide a photocopy of the letter showing entitlement to this benefit issued within the last twelve months. If you need a new letter please contact the Department for Work and Pensions (DWP) on 0800 731 0122. Please note that we may also check that you are in receipt of this award with the DWP.
2e. I receive 8-12 points in the Moving Around descriptor for the mobility component of Personal Independence Payment (PIP) . You must enclose a photocopy letter of entitlement to this benefit issued within the last 12 months. This must show the date the letter was issued and the full breakdown of points. If you need a new letter please contact the Department for Work and Pensions (DWP) on 0800 121 4433. Please note we may also check that you are in receipt of this award with the DWP.
2f. I am in receipt of the War Pensioner's Mobility Supplement . You must enclose a photocopy of the letter of entitlement to this benefit dated within the last 12 months. You should have an award letter from the Service Personnel and Veterans Agency (SPVA). If you have lost this letter, then the SPVA can be contacted via the free phone enquiry number: 0800 169 22 77.
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IF YOU DO NOT MEET ANY OF THE CRITERIA ABOVE THEN PLEASE APPLY UNDER 2h.
(below) 2h. I am unable to use public transport. If none of the above apply to you then please ask your doctor / medical professional to complete the enclosed letter on page 7 to confirm your condition / diagnosis, whether it is temporary or permanent and to endorse it with the practice stamp and signature. This must clearly state your medical condition and why you are unable to use public transport.
Please note your doctor may charge a fee for the provision of a medical letter. Brighton & Hove City Council cannot refund any charges that may be incurred.

Checklist of documents you may need to enclose

ou have completed.
Proof of your address or consent to check the Local Authority's database
A photocopy of your proof of identity
One recent passport style photograph of yourself with your name on the back
Documentation supporting your application on the grounds of which you are applying.

3a. Mandatory declarations about the information you have provided and the application process

I am unable to use the bus to travel, due to my disability and am waiving my entitlement to a Concessionary Travel Pass issued by any Local Authority in England.

I confirm that I do not currently hold a bus pass that has been issued by a different Local Authority.

I am forgoing my entitlement to a free concessionary travel bus pass in return for £70 worth of taxi vouchers. If you have a bus pass you must return it before we will issue taxi vouchers. You cannot re-apply for a bus pass within the period for which the taxi vouchers have been issued. The current period is from 1st April to the 31st March. If your application is received after 1st October you will be issued with £35.00 of vouchers for that period.

I confirm that, as far as I know, the details I have provided are complete and accurate. I realise that you may take action against me if I have provided false information in this application form.

I confirm that the photograph I have submitted with my application is a true likeness.

I understand that I must promptly inform my local issuing authority of any changes that may affect my entitlement.

I understand that you will deal with all documents relating to this application in line with the General Data Protection Regulation, and you may share them to detect and prevent fraud.

I understand that the medical information I have supplied to support this application is deemed to be "sensitive personal data" and I consent to its disclosure only to a third party who is responsible for the operation and administration of the taxi voucher scheme and other government departments or agencies, to validate proof of entitlement.

I agree that, if my application is successful, I will not allow any other person to use the taxi vouchers and can only be used when I have travelled in the taxi. I will not allow others to use the vouchers, even if they are carrying out errands on my behalf.

I understand that lost taxi vouchers will not be replaced.

3b. Optional declarations about the information you have provided and the application process

	the following optional dec vill help to improve the se	clarations that you consent to. ervice we can offer you.	
	I consent to the Local Authority checking any information already held by the Council or with outside agencies on the basis that:		
	determine my eligibility for ed up the processing of m		
	ervice providers so that I	ion included in this form to other Council can be informed about other Council services that	
Your signature:*			
Date of application:	DD/MM/YYYY	*If you are signing on behalf of an adult, please provide proof you are able to do so e.g. power of attorney	
Print your name here		duomey	
	fill in this form? If you are vide their details here:	happy for us to contact them with any further	
Name		Phone Number	
Relationship			

Please return this form to:

Concessionary Travel G39 Hove Town Hall Norton Road Hove BN3 3BQ

Email: buspasses@brighton-hove.gov.uk

Phone: 01273 291924

Website: www.brighton-hove.gov.uk

For office use only

Applicant ID	Additional	Photo	Address & ID	
DWP	CF	BP	Medical Verification	
Refusal	Review Fail	Review Approved	RFV	70 / 35

Received on	Date of issue	Start date	Expiry date

Name:Address:	Brighton & Hove City Council Concessionary Travel Team Hove Town Hall Area G39 Customer Service Centre Norton Road Hove BN3 3BQ Date: 01/02/2022 Phone: 01273 291924 Email: buspasses@brighton-hove.gov.uk
TAXI VOUCHER APPLICATION ON MEDICAL G	ROUNDS
The person named above is applying for taxi voucle travel by bus due to their medical condition or disa	
Please can you state their medical condition in t stamp, and signature and confirm, in your opinion transport.	
Please state the patient's disability or condition:	
Is this Temporary	Permanent
	Denotice stown and signature
	Practice stamp and signature
Thank you for your assistance in this matter.	
Rebecca Middlebrook Blue Badge & Concessionary Travel Manager	

Applicant please note: Your doctor is entitled to charge a fee for the completion of this letter. However, Brighton & Hove City Council cannot be held responsible for any charges that may be incurred.