PART C

THIS PART, WHICH MUST BE COMPLETED BY A MEDICAL PRACTITIONER, IS ONLY REQUIRED IF YOU HAVE ANSWERED NO TO ALL QUESTIONS IN PART B.

I confirm that my patient (name)

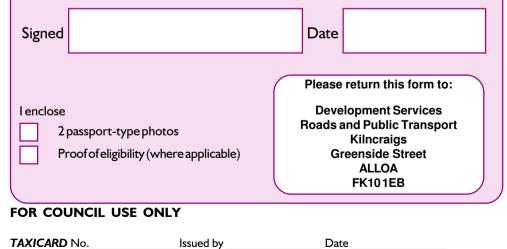
has a long-term disability which seriously impairs his/her ability to walk.

Doctor's Stamp

PART D

TO BE COMPLETED IN ALL CASES

I apply for a **TAXICARD** and confirm that **I am registered blind/partially sighted** OR that I have a long-term disability which seriously impairs my ability to walk. I agree to abide by the conditions of the scheme and, in particular, will not allow anyone else to use my **TAXICARD**. I am permanently resident in the Clackmannanshire Council area.



<u>CLACKMANNANSHIRE</u> COUNCIL

TAXICARD

for people with disabilities



Ref: STC01/11/07

What is TAXICARD?

TAXICARD allows people with disabilities to travel in taxis at reduced fares. **TAXICARD** is not available to people with temporary disabilities (e.g. broken leg).

Am I eligible?

You can apply for a **TAXICARD** if you are registered blind/partially sighted **OR** your ability to walk is seriously impaired. You must also live in the Clackmannanshire Council area.

When can I use it and where can I go?

You can use it anytime, but you must book your journey in advance. You can go anywhere, provided your journey starts and/or finishes in the Clackmannanshire Council area.

What does it cost?

On journeys where the fare is up to \pounds 4.00, as a **TAXICARD** holder you will pay half fare. For fares in excess of \pounds 4.00 you will pay the fare less \pounds 2.00. No **TAXICARD** holder may make more than 12 subsidised journeys per week. There is no charge for the **TAXICARD** itself.

Can friends travel with me?

Yes. Up to 3 people may accompany you for 20p each per single journey.

How do I book?

Just phone the **TAXICARD** booking line, one day in advance (the telephone number will be provided when you receive your Taxicard). You will be picked up at the booked time and taken to your destination. On completion of the journey pay your portion of the fare to the driver.

How do I join?

Complete the attached application form and return it to us with the necessary enclosures. If you need further information on **TAXICARD**, phone us on **(01259) 452542**.



v Please ☑ as appropriate

Detach along dotted line

PART A			
Title Mr Mrs Miss Ms Other (please state)			
Full Name			
Address			
	Postcode		
Tel.	Date of Birth		
Are you a wheelchair user? Yes No			

PART B				
Are you a registered blind/partially sighted person? Yes No If Yes, please attach evidence of registration.				
2	2 Do you receive:			
a)	Disability Living Allowance Mobility Compo Care Component (Middle or Higher Rate)	onent (Higher Rate) or Yes No		
b)	Attendance Allowance?	Yes No		
c)	War Pensioners' Mobility Supplement?	Yes No		
If you have answered YES to any of these questions please attach your letter notifying you of entitlement or evidence of blind/ partially sighted registration then go straight to Part D. Now go to back page				