

**ADDITIONAL INFORMATION FORM**

Please ensure you complete both sides of this form.

***Please note Havering Council will have no hesitation in prosecuting any fraudulent use of the Taxi Card.***

Name.....Address.....  
Post Code.....

**Dear Taxi Card Applicant,** In order to assess your needs please complete the following form. This information will enable your application to be processed more quickly.

Please tell us about your medical condition and how it affects your mobility.....  
.....  
.....

What medications do you take? (Please list the names or attach a copy of your prescription list).....  
.....  
.....

Do you receive Disability Living Allowance?    Care - Yes / No                      Mobility – Yes / No  
If Yes, Please indicate the rate              Care – High / Middle / Low              Mobility – High / Low

Do you receive Attendance Allowance?              Yes / No  
If Yes, Please indicate the rate              High / Low

Do you attend a Pain Clinic?    Yes / No    If Yes, when was the last time you attended?.....

Do you suffer from panic attacks?    Yes / No    If yes, please give details .....  
.....

Do you go out alone?    Yes / No

What journeys do you take? (Please tick all relevant boxes)

- Visit family/friends [ ]                      Visit GP [ ]
- Visit Hospitals    [ ]                      Shopping [ ]
- Leisure Activities [ ]                      Church / Temple [ ]
- Other [ ] Please describe.....

Do you travel to hospitals outside of the borough?    Yes / No

How are you getting about at the moment? (Please tick all relevant boxes)

- Bus [ ]                      Train [ ]
- Taxi [ ]                      Minicab [ ]
- Relatives Car [ ]    Other [ ]

Have you a freedom pass?    Yes / No

How frequently do you travel? (Please tick all relevant boxes)

1-2 times per week [ ]

3-5 times per week [ ]

6-7 times per week [ ]

More than this [ ] How often? .....

Not at all [ ]

Are you in receipt of a Blue Badge parking permit? Yes / No

Do you receive transport provided by Havering Council's bus/coach fleet? Yes / No

Please describe below any problems you have with travelling using your current method. (e.g. location, distance of bus stop/train station, crossing roads, getting on/off transport, medical problems).....

.....  
.....

Do you walk outdoors? Yes / No

Do you use a walking aid? Yes / No

Do you use a wheelchair? Yes / No

Do you need someone to assist you? Yes / No

Have you fallen outdoors in the last 12 months? Yes / No Please give details .....

Are you able to manage steps? Yes / No

Are you able to manage stairs? Yes / No

Do you receive help from family and friends? Yes / No

(Please tick relevant box)

Shopping	Occasionally [ ]	Once a week [ ]	More than [ ]
Housework	Occasionally [ ]	Once a week [ ]	More than [ ]
Laundry	Occasionally [ ]	Once a week [ ]	More than [ ]
Pension Collection	Occasionally [ ]	Once a week [ ]	More than [ ]
Personal Care	Occasionally [ ]	Once a week [ ]	More than [ ]

Do you receive Meals on Wheels? Yes / No

Does the District Nurse visit you? Yes / No If so, how often? .....

Do you have a Support Worker? Yes / No

Have you had an Occupational Therapy Assessment? Yes / No

Please describe how a Taxi Card would benefit you .....

Thank you for your assistance in this matter.

**Please make sure all questions are completed.**