THE LONDON BOROUGH OF SUTTON

ISSUE FREEDOM PASSES TO THE

FOLLOWING GROUPS OF PEOPLE

To contact Concessionary Travel, please email
concessionarytravel@sutton.gov.uk or telephone 020 8770 4578
(we are not available by phone Tuesday & Thursday afternoons)

CRITERIA FOR ISSUING PASSES TO DISABLED PERSONS

- **People who are blind or partially sighted**. We will issue you with a Freedom Pass under this heading if you are registered or registerable as blind, or partially sighted

  You would need to provide confirmation by producing your CVI (BD8) form from an ophthalmologist.

- **Deaf People**. You will be eligible if you have met the criteria to be on the Sutton Deaf Register as profoundly or severely deaf

  Confirmation by your GP or consultant audiologist will be required

  You will not be eligible for a Freedom Pass if you are registerable as hard of hearing.

- **Without Speech**. If you are unable to make clear basic oral requests. You will need to provide medical evidence to support the application in appropriate cases

- **If you have a disability or injury which has a long term effect on your ability to walk causing you to walk with excessive labour.** You will need to provide medical evidence that your walking ability is permanently impaired

- **Automatic Eligibility**
  You will qualify automatically if you receive the following benefits for which eligibility is based on walking ability or in the case of Personal Independence Payment (PIP), to communicate orally, provided that the award of the benefit has been for at least 12 months or expected to be for at least 12 months.
  Complete entitlement letters giving a breakdown of benefits must be submitted with the application.
  - Higher Rate Mobility Component of Disability Living Allowance (DLA)
  - Moving Around Component of PIP; you must receive 8 points or more **(The planning and following a journey component of PIP does not apply and cannot be considered)**
  - Communicating Verbally Activity of PIP; you must receive 8 points or more
  - War Pensioners Mobility Supplement

- **If you have long term loss of the use of both arms.** Medical evidence is required to support your application

- **People with a Learning Disability.** To qualify under this category you must meet the criteria for registration with Sutton's Register for People with Learning Disabilities. Your disability will have started before adulthood.
  You will qualify if you can travel safely but you are unable to buy a ticket either, because you have a serious communication difficulty and you cannot say where you want to go, or because you are unable to use money.
  Written confirmation will be required

- **If you applied for a driving licence under the Road Traffic Act your application would be refused** on the ground's of medical fitness (excluding persistent misuse of drugs or alcohol)
  Those currently barred from holding a licence include people with
    - A severe mental disorder
    - Epilepsy (unless it is of a type that does not pose a danger)

  You will need to provide evidence of refusal

  If you have not had a driving licence refused or revoked, evidence will be required to prove that you are medically not fit to drive

- **Age Limits** - Adults and children over the age of 5 who meet the criteria can apply

- **Older Persons Passes** - These passes are issued in line with the new Pensions Reform Act and are available from Sutton's Libraries and at Civic Offices or you can apply on at www. freedompass.org

RESIDENCE:
Your permanent place of residence must be within the London Borough of Sutton.

Permanent Disability:
Freedom Passes are issued in line with the central principle of the Equalities Act 2010. The types of disability that enable people to claim the statutory minimum are those which are permanent or which have lasted at least 12 months and which have a substantial effect on a person's ability to carry out normal day to day activities.

LONDON BOROUGH OF SUTTON

Disabled Persons Freedom Pass Application Form

Section A (Confirmation of your identity and that you live in Sutton)

Freedom Passes are only issued to people who live in the borough. We firstly need to check that you meet this condition. To enable us to do so, please attach to this form a **copy** of **ONE** of the following documents:-

- Current council tax bill/letter/payment book
- Current council/housing association rent book/statement/letter/tenancy agreement
- Current television licence
- Residential utility bill/letter (excluding mobile phone bills) dated within the last 3 months
- HM Revenue and Customs letter dated within the last 3 months
- Department for Work and Pensions letter dated within the last 3 months

You must also attach a **copy** of **ONE** of the following documents as proof of your identity:-

- your birth certificate (unless your name has changed for example, if you married)
- your marriage certificate
- your medical card
- your passport
- European ID card

Please also enclose a recent passport standard photograph (taken within 3 months)

Section B (To be completed by all applicants)

Full name of applicant_____ Mr □ Mrs □ Miss □ Ms □

Address_____

_____

_____

_____ Post Code

Email address: _____

Preferred method of contact: _____

Telephone number: _____ Date of Birth: _____

National Insurance Number

Section C (To be completed by all applicants)

To help assess your eligibility for a Freedom Pass, please state under which category you are applying (**refer to the criteria on the front of this form**)

_____

_____

How long have you suffered from this Months: _____ Years:_____

Section D If your disability is a physical disability, please continue to answer all the following questions. If your disability is not a physical one, please now go straight to Section E.

Do you regularly use a walking aid? Yes□ No □
If yes, please state the type of aid(s) you use.

_____

Do you regularly use a wheelchair? Yes□ No □
If yes, please state which type of chair you use.

_____

Can you get in/out of your home without assistance? Yes□ No □

Does walking cause you severe discomfort? Yes□ No □

Do you get very tired after walking a short distance? Yes□ No □

Do you get out of breath after walking a short distance? Yes□ No □

Can you only walk if someone supports your weight? Yes□ No □

Can you manage stairs Yes□ No □

How far can you walk on flat ground before _____Yards or

you feel breathless, feel pain or feel severe _____ Metres
discomfort and need to rest?

Are you in receipt of the Higher Rate Mobility Component of DLA Yes□ No □

Are you in receipt of the 8 points or more of PIP for Moving Around and/or Communicating Verbally Yes□ No □

OR War Pensions Mobility Supplement Yes□ No □

A copy of your letter of entitlement must be enclosed with your application.

Section E (To be completed by all applicants)

Do you receive any services from Sutton Social Services? Yes□ No □

If yes, please describe them.

_____

Do you attend a Sutton Council or Health Authority Day Centre or Treatment Centre? Yes□ No □

If yes, please state which Centre_____

A copy of your care plan confirming your attendance should be enclosed.

Please explain what other difficulties you have that permanently and substantially affect your daily life.

_____

_____

_____

Funding authority if not Sutton _____

Section F Applicants with sight impairement

Please tick to indicate if you are

Blind □ partially sighted □

A copy of your CVI or BD8 form is required.

Section G Applicants with hearing and speech impairment

Profoundly or severely deaf Yes□ No □

Unable to make clear oral requests Yes□ No □

A copy of a report from your audiologist will be required.

Please read and sign the following:

I declare that to the best of my belief all the statements I have made on this form are true and I agree to Sutton Social Services Department contacting my G.P. if necessary for the purpose of obtaining information in support of my application.

Signed:_____ Date:_____

Finally, please check that you have attached, where relevant, <u>each</u> of the following:-

- **A document confirming that you are a resident of the borough of Sutton**
- **A passport standard photograph**
- **A document confirming your identity and date of birth**
- **If applicable, a document confirming that you are receiving the higher rate mobility component or war pensioner's mobility supplement of the Disability living allowance, or mobility component of PIP and/or communicating verbally activitity of PIP**
- **CVI, BD8 or evidence from an Ophthalmologist if appropriate**
- **Audiologist Report if appropriate**

Please allow 12 weeks for processing your application.

Please return this form and the above documents (copies only) to**:**
Concessionary Travel, London Borough of Sutton, Civic Offices, St Nicholas Way, Sutton, SM11EA or email to concessionarytravel@sutton.gov.uk

Data Protection Act 2018- Fair Processing Statement

I understand that the London Borough of Sutton Council is under a duty to protect the Public Funds it administers. As such, the information provided on this form is subject to being used for the prevention and detection of Fraud.

If you wish to know more about how your information is used by the London Borough of Sutton Council, please visit our website, https://www.sutton.gov.uk/info/200436/customer_services/1355/disclaimer_copyright_privacy_cookies_and_accessibility or ask a member of staff for further information.

<u>ETHNIC ORIGIN</u>

We would be grateful if you would kindly complete this form. The information will be used within Sutton to provide statistical data for planning purposes. All information will be treated with the strictest confidence and protected by the Data Protection Act 1998.

WHITE	BRITISH	
	IRISH	
	ANY OTHER WHITE BACKGROUND	
MIXED	WHITE AND BLACK CARIBBEAN	
	WHITE AND BLACK AFRICAN	
	WHITE AND ASIAN	
	ANY OTHER MIXED BACKGROUND	

ASIAN OR ASIAN BRITISH	INDIAN	
	PAKISTAN	
	BANGLADESHI	
	ANY OTHER ASIAN BACKGROUND	
BLACK OR BLACK BRITISH	CARIBBEAN	
	AFRICAN	
	ANY OTHER BLACK BACKGROUND	
CHINESE OR OTHER ETHNIC GROUP	CHINESE	
	OTHER	