

Enquiries to:
Taxicard Administrator
T: 01223 457200
E: taxicard@cambridge.gov.uk



Cambridge City Council

Taxicard Application Form

From 1 April 2022 to 31 March 2023

What is the Taxicard Scheme?

Taxicard is a scheme that aims to help disabled people on low incomes to use taxis for essential journeys.

Taxicard Members who are also members of Cambridge Dial-a-Ride can use their Taxicard vouchers on the community transport bus.

Vouchers are not transferable to another person.

We will contact members of the scheme before 31 March 2023 regarding the issue of vouchers for use from 1 April 2023.

Am I eligible?

To qualify, you must:

- Live within the Cambridge City boundary
- Be able to provide proof for **both Section A and Section B** (please see overleaf).
- Provide a good quality photograph of yourself with your name on the back.

How many trips can the Taxicard be used for?

Taxicard holders will be issued with a book of vouchers valid from 1 April 2022 to 31 March 2023 totalling £150 (the number of vouchers issued will reduce for those joining the scheme part way through the year).

The vouchers can be used towards the cost of the fare for a one-way journey.

You may use as many vouchers as you like per trip however no additional book of vouchers will be issued in the same financial year where all vouchers have been used, so Taxicard members must manage their use.

The vouchers are only valid for the dates stated and cannot be used after the expiry date of 31 March 2023.

How much will I have to pay?

The vouchers issued will be made up of a combination of £5 and £1 vouchers.

Whilst being able to use the vouchers as you so choose, members must pay at least £1 towards the fare.

Taxicard members must hand over the voucher(s) to the driver at the end of the journey.

What if I lose my Taxicard?

Please notify us immediately if you lose your vouchers. Replacement of unused vouchers will be issued at the Council's discretion. Please note that a replacement fee may be charged.

Application Form

FOR OFFICE USE:

Customer No: _____

Surname: _____ Title: _____

Forenames: _____

Address: _____

Postcode: _____ Tel No: _____

Date of birth: _____ NI Number: _____

Please tick any of the following that apply and enclose the relevant proof with the application. You must be able to provide proof from **both Section A and Section B** to qualify for a Taxicard.

Section A – I am eligible for a Taxicard because I receive one of the following:	Please tick	Proof required
Income Support/Pension Credit/Income Based Jobseekers' Allowance	<input type="checkbox"/>	Please provide the letter (or copy of your journal entry) sent to you when you were awarded the allowance or benefit.
Housing benefit	<input type="checkbox"/>	
Universal Credit	<input type="checkbox"/>	
Council Tax Reduction including Disability premiums/reductions, but NOT including 25% single occupancy reduction	<input type="checkbox"/>	
Income -related Employment and Support Allowance (Not contribution-based ESA)	<input type="checkbox"/>	

Section B – I also enclose proof of one of the following:	Please tick	Proof required
Higher Mobility or the Higher Care Component of the Disability Living Allowance (DLA)	<input type="checkbox"/>	Please provide the letter sent to you when you were awarded the allowance or benefit.
Mobility or the Daily Living Enhanced Personal Independence Payment	<input type="checkbox"/>	
Attendance Allowance	<input type="checkbox"/>	
War Pensioners' Mobility Supplement	<input type="checkbox"/>	
Be registered blind or partially sighted	<input type="checkbox"/>	
Or:		
If you are a permanent wheelchair user	<input type="checkbox"/>	Please ask a medical practitioner to fill in the green box, sign and stamp.
If you cannot walk without a walking aid such as a frame/crutches etc.	<input type="checkbox"/>	
If you cannot walk more than 100 metres	<input type="checkbox"/>	
If you are unable to stand unsupported for more than 5 minutes	<input type="checkbox"/>	

I enclose a recent photograph of myself with my name on the back

IMPORTANT: PROOF OF ALLOWANCES AND BENEFITS

When applying for a Taxicard, we need to see proof that you are receiving the benefits and allowances that you have indicated on this form.

Acceptable proof is the letter sent to you when awarded the allowance or benefit. Originals or photocopies will be accepted. Originals will be returned to you. Acceptable proof from the practitioner representing you must include their practice stamp, compliment slip or letterhead.

We may need to contact the Benefits Officer to confirm these details on your behalf.

If you do not want us to do this, tick here.

The information given is true and correct.

Date: _____

Signed: _____ Relationship: _____

If an applicant is under 16 years of age or their disability prevents them from being able to sign the form for themselves, a parent or a representative must sign the form and indicate their relationship to the applicant.

By signing this form you are agreeing to abide by the terms and conditions of the Taxicard scheme. Please note that Cambridge City Council may wish to approach your health professional if there are any queries regarding your application.



We collect information about you to assess whether you are eligible for this scheme. We may share your data with other government or health service providers for anti-fraud purposes or to verify your eligibility. You have several rights over your information, details of which are at:

<https://www.cambridge.gov.uk/privacy-notice>

Proof from a Medical Practitioner

Note to medical practitioner: you are asked to endorse that the applicant has mobility problems that prevent them from using local bus services. It is expected that you will know the applicant and that you will be able to make a comprehensive assessment of their disability. If you feel that you do not know enough about this person, please refer this form to another health professional. In the event that a person's eligibility is subsequently queried, the matter will be discussed with you further. Beyond this there is no on-going responsibility implied in supporting an application.

Name: _____ Signature: _____

Date: _____

Profession:

Community Nurse

Occupational Therapist

Physiotherapist

Doctor

Health Visitor

Place of Work: _____

If no practice stamp is available please enclose a practice compliment slip or letterhead.

Information

If you do not receive any of the benefits mentioned, it may be beneficial to contact the Benefit Enquiry Line on 0800 169 0310, part of the Government's Department for Work and Pensions to check that you are receiving the correct support.

To check if you are entitled to Council Tax Reduction or Housing Benefit call 01223 457000 and ask for the Benefits Department.

If you have any questions about the application form or need any help filling it in, please ring 01223 457200.

Cambridge City Council Use Only

CHECKLIST

Date Received: _____

Photo received:

Proof checked:

Application Refused: Reason: _____

Signature: _____

Please complete and return to:

**Taxicard Administrator
Cambridge City Council
PO Box 700
Cambridge
CB1 0JH**

