



## Section C

### Help to travel application form



Fill in **section C** if you have a physical disability that makes it harder for you to travel.



Things like:

- you cannot walk or find it hard to walk very far



- you find it hard to use your arms to do things



- you need support to do everyday things like shopping and cleaning

## Section C

### Moving around and walking

**Question 1:** Do you find it difficult to walk or walk very far?

You might get out of breath or be unsteady on your feet. You might use a walking stick or a wheelchair

☐

Yes

☐

No



**Question 2:** Can you walk outside by yourself and without any help?

☐

Yes

☐

No



No

If you ticked **No**, tell us what help you need:



**Question 3:** Do you use a **mobility aid** to help you move around?

**Mobility aids** are things like a walking stick, walking frame or a wheelchair.

☐

**Yes**

☐

**No**



**Yes**

If you ticked **Yes**, please tell us what mobility aid you use:



**Question 4:** How often you use your mobility aid? **Tick 1 box.**

☐

**Sometimes**

☐

**All the time**



**Question 5:** When do you use your mobility aid?

☐ Indoors

☐ Outside

☐ Both. When I am indoors and outside



**Question 6:** Do you find it hard to breathe when you are moving around?

This might be:

- when you are walking
- after getting dressed
- when you walk up a hill

☐ Yes

☐ Sometimes

☐ No





**Question 7:** Can you walk up and down stairs

☐

Yes

☐

No



Yes

If you ticked **Yes**, do you find it hard to walk up and down stairs?

☐

Yes

☐

Sometimes

☐

No



**Question 8:** Do you get dizzy or feel unsteady when you are moving around?

☐

Yes

☐

Sometimes

☐

No



**Question 9:** Have you fallen over because you get dizzy or feel unsteady when moving around?

☐

Yes

☐

Sometimes

☐

No



If you ticked **Yes**. When was the last time you fell over because you were dizzy or lost your balance?



**Question 10:** Do you have a health condition or disability that makes it hard for you to walk?

☐

**Yes**

☐

**No**



**Yes**

If you ticked **Yes**, tell us what health condition or disability you have:



**Question 11:** Have you been to hospital for your health problem or disability? This could be to see a doctor, have an operation or get some treatment.

☐

Yes

☐

No



Tell us when you saw the doctor, had your operation or got your treatment:



**Question 12:** If you are waiting for an operation or some treatment please tell us about it:



**Question 13:** Do you take any medicines for your health problem or disability?

☐

**Yes**

☐

**No**



**Yes**

If you have ticked **Yes**, tell us the name of your medicines:

## Using your arms to do things



**Question 14:** Do you drive a car or van?

☐

Yes

☐

No



**Question 15:** Do you find it very hard to use your arms to use a ticket machine?

☐

Yes

☐

No

Tell us what problems you have using ticket machines to pay for parking:



**Question 16:** Do you have an adapted car or van?

☐

Yes

☐

No

If **Yes**, tell us what changes have been made so that you can use it:





We might ask you to have an assessment with a physiotherapist or occupational therapist.



These are health staff who help you if you have trouble:

- getting around
- using your arms to do things



We need to see proof of the information you have told us about.



Please give us the details of any health staff you see. You can tell us about 2 people if you want.

## Person 1



**Name**

**Job title and what they help you with.**

**Address where you see them. This might be a hospital or health centre.**



**Telephone number**

**Your hospital number**

## Person 2

**Name**

**Job title and what they help you with.**

**Address where you see them. This might be a hospital or a health centre.**

**Telephone number**

**Your hospital number**





## Transport for children aged 3 years old or younger

**Question 17:** Does your child need medical equipment that is big and hard to carry?

☐

Yes

☐

No



Yes

If you ticked **Yes**, tell us what equipment your child uses:



**Question 18:** Does your child need to be close to a **vehicle** in case of an emergency?

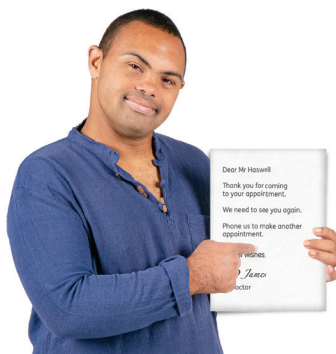
A **vehicle** could be a bus, coach, taxi or car.

☐

Yes

☐

No



If you ticked **Yes** to 1 or both of the questions we need to see proof.

Send us a letter from your child's doctor. The letter must say:

- what medical condition your child has
- and**
- what equipment they need to carry with them



## Help with day to day things

**Question 19:** Do social services pay for a carer to support you with washing and dressing?



☐ **Yes**

☐ **No**



If you ticked **Yes**, how often do carers come to help you?





**Question 20:** Do you get direct payment to help pay for support?

☐

**Yes**

☐

**No**



If you ticked **Yes**, what do you pay people to support you with?

This might be things like housework or shopping.



**Question 21:** If you get support from friends and family tell us what they support you with and how often?



**Question 22:** Do you have help at home from other people or organisations? This could be from things like:

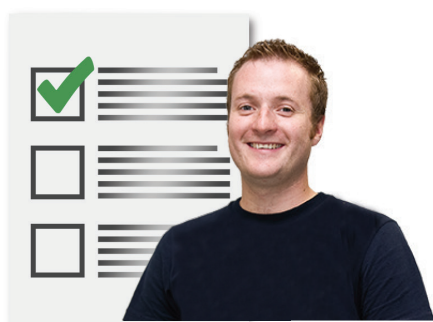
- Benefits. This could be things like Personal Independence Payment or Disability Living Allowance
- Meals-on-Wheels
- A nurse

☐

Yes

☐

No



## Special equipment

An occupational therapist is someone who checks if you have trouble with things like:

- getting around
- getting washed and dressed



The occupational therapist can look at what equipment might help you.



**Question 23:** Have you had an assessment with an occupational therapist?

☐

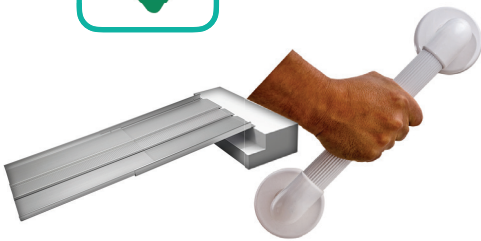
**Yes**

☐

**No**



**Yes**



**Question 24:** If you ticked **Yes**, did the occupational therapist give you any equipment to use? If **Yes**, tell us what equipment they gave you.

## How you travel and get about

**Question 25:** Do you drive a car?

☐

Yes

☐

No



If you ticked **No**, does someone drive you where you need to go in a car?

☐

Yes

☐

No

**Question 26:** Are you able to use public transport? Public transport is a bus, overground train or underground train.

☐

Yes

☐

No



**No**

If you have ticked **No**, tell us why:



**Question 27:** Do you use public transport?

☐

Yes

☐

Sometimes

☐

No

## Blue Badge parking

**Question 28:** Do you need a Blue Badge to support you to travel?

☐

Yes

☐

No

**Question 29:** Will you be the driver in the car if you use a Blue Badge?

☐

Yes

☐

No



Tell us the registration numbers of the cars you will mostly use your Blue Badge in.



A registration number is on the front and back of a car. It has letters and numbers in it.






## Other transport you might use


Tell us any other transport services you use. This could be things like day centre transport or hospital transport.





Tell us anything you think we might need to know about your disability.


**Section E: This section must be filled in.**

 Tick the boxes if you agree with each of these things.

 ☐ All the information I have put in this form is correct. If anything changes I will tell Harrow Council straight away.

 ☐ I agree Harrow Council staff can contact my doctor or nurse to check that I see them.

 ☐ I live in Harrow all of the time.

 ☐ I understand Harrow Council will not share my information with anyone unless they need to see it.

Now fill in **section E** on the big form.