



## Concessionary Travel Appeals Form

Fill in this form if you would like us to look again at giving you a concessionary travel pass.



If you have any questions about this form you can **phone us**:

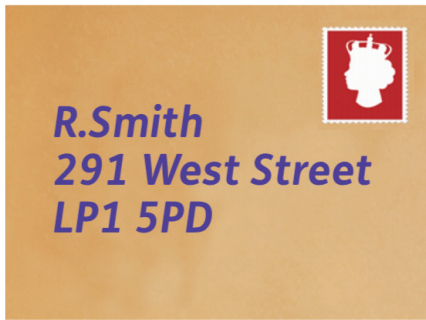
**01223 229091**



Your name



Your date of birth



Your address

Your postcode



## Part 1

Tell us if these things have changed since you filled in the big application form.



- you now get the higher rate mobility component of the Disability Living Allowance benefit or Personal Independence Payment benefit

In the benefit you must have:



— a moving around score of 8 or more

or

— a score of 10 for following journeys



It must say that you cannot do any journey because it would make you very unwell, upset or stressed.

Yes ☐

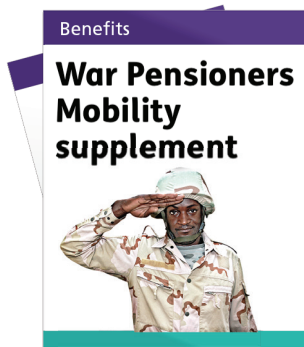
No ☐



● you are now blind or have a visual impairment

Yes ☐

No ☐



- you get the War Pensioners Mobility Supplement or the Armed Forces Compensation Scheme

Yes ☐

No ☐



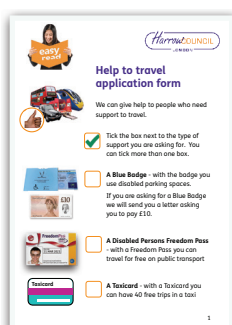
If you ticked yes to any of these things go to straight to **part 5** of this form.

## Part 2

Tell us extra information about how your disability or how you move around affects you.



If you find it hard to walk tell us what problems you have.



You do not need to tell us anything again that you put on the first application form.



Tell us about your walking in this box.  
You can use a separate piece of paper  
as well if you want to.

A large, empty rectangular box with rounded corners, outlined in black. It occupies the majority of the page below the text, intended for a person to write their response.

## Part 3



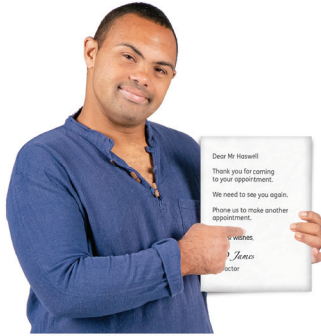
Tell us if you need support with personal care. This is things like washing, dressing and going to the toilet.



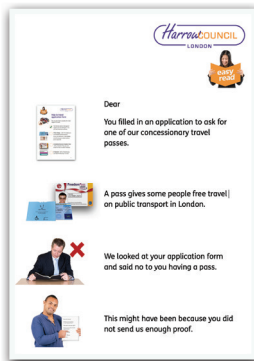
Tell us what support you get and how often you get it.

A large, empty rectangular box with rounded corners, intended for writing answers to the questions above.

## Part 4



We might need to see some extra proof from a healthcare professional.



The letter that comes with this form tells you what proof you can send.

Send the proof with this form.

## Part 5



We might want to speak to a health professional or support worker who works with you.



Tell us their name and how to contact them.





Sign your name in this box



Today's date



When you have filled in this form send it back to us. You must send any proof with the form too.



Send the form and proof to:

**Harrow Appeals  
Access Independent  
17D Sturton Street  
Cambridge  
CB1 2SN**



**3-4**

It might take us 3 to 4 weeks to make a decision. We will write to you to let you know.