

Taxicard Scheme General information and Membership Form

What is the Taxicard Scheme?

The Taxicard Scheme provides assistance towards the cost of taxi or journeys and is restricted to those on lower income aged 65 or over and/or people who have difficulties using public transport who live in the parishes of Fulbourn, Grantchester, Histon, Impington, Oakington and Sawston and is mainly for essential purposes such as medical appointments or shopping. The scheme is free to eligible people.

How does it work?

Members are issued with a booklet of vouchers to the value of £165.00 per 12 month period starting in April each year. If you apply midyear the number of vouchers will be adjusted. The taxi operators listed overleaf can accept taxicard vouchers as means of payment towards your journey. You can use as many or as few vouchers as you like towards a journey and when travelling with another voucher holder you can share the cost of the journey both using your own vouchers.

How do I apply?

To become a member you need to fill in the form attached and return it by post to the Cambridgeshire and Peterborough Combined Authority with proof of benefit eligible benefits are listed on the form), your date of birth/disability, address in one of the areas covered by the scheme and a passport style photograph for your membership card. Please **do not send original documents**. If you have any questions please call the Community Transport Officer on: 01480 277255.

Members are sent a reminder each year and asked if they wish to remain on the scheme.

How to Book a Taxi

To make or book a journey see the list of participating taxi companies on the back of this leaflet. When booking a journey do not forget to mention that you are a Taxicard member.

Please return Completed forms & supporting evidence to:

Community Transport Officer
Cambridgeshire & Peterborough Combined Authority
2nd Floor Pathfinder House
St Mary's Street
Huntingdon
PE29TN

Or email to: community.transport@cambridgeshirepeterborough-ca.gov.uk

For more information on the South Cambridgeshire Taxicard Scheme or Community Transport in your area:

Telephone: 01480 277255

Email: community.transport@cambridgeshirepeterborough-ca.gov.uk

Part One: Application Form Personal Details & Declaration

Please use Capital letters when completing this form

Title:

Last name: Forename:

Address:

..... Postcode

Tel no: Date of Birth

I am eligible to join the Taxicard Scheme because:

- ☐ 1. I am 65 years of age or over and/or
- ☐ 2. I have difficulties using public transport for the reasons listed overleaf and do not have access to my own means of transport and,
- ☐ 3. I am in receipt of the benefits listed overleaf and or can confirm that I meet the financial criteria listed overleaf

DECLARATION:

I confirm that all information I have given is correct and accept the conditions of the scheme as set out in this leaflet, I understand that providing false information can lead to prosecution.

Signed: Date:

If signing on behalf of the applicant:

Last name: Forename:

Signed: Date:

Relationship:

Data Protection: Your information will be used by the CPCA for the sole purpose of administering the Taxicard Scheme. Further details of how we use this data and the rights you have can be found in our privacy notice either sent to you by request or by visiting www.transport.cambridgeshirepeterborough-ca.gov.uk

Please complete the eligibility form overleaf before returning this application form

Part Two: Eligibility Form

Please tick any of the following that apply and return the relevant proof with the application. You must be able to provide proof from both section A and B to qualify for a Taxicard (please provide copies not original documents) and have provided a recent passport style photograph part C.

Section A: I am eligible for a Taxicard because I receive one of the following:	Tick Box	Proof Required
Income support/Pension Credit/Income Based Jobseekers Allowance		Copy of the letter when you were awarded the benefit
Housing Benefit		
Universal Credit		
Council Tax Reduction including Disability premiums/reductions bit NOT including single occupancy reduction		
Section B: I also enclose proof of one of the following:		
Higher Rate Mobility or Higher Rate Care Component of Disability Living Allowance		Copy of the letter when you were awarded the benefit
8 Points or more awarded for Personal Independence Payments under 'Moving Around' or 'Planning and Following a Journey'		
Attendance Allowance		
War Pensioner's Mobility Supplement		
Be registered Sight Impaired or Severely Sight Impaired		
Or:		
If you are a permanent wheelchair user		Ask your medical Practitioner to fill in the Blue Box and sign and stamp
If you cannot walk without a walking aid such as frame or crutches		
If you cannot walk more than 100 metres		
If you are unable to stand unsupported for more than 5 minutes		
Section C: Photograph of Applicant		
I enclose a recent photograph of myself with my name on the back		

Proof from a Medical Practitioner for South Cambridgeshire Taxicard

Note to Medical Practitioner: You are being asked to confirm that the applicant has the mobility condition indicated above which prevents them from using local bus services. If you feel you do not know enough about the applicant please pass to another Medical Professional. If eligibility is subsequently queried we may wish to discuss with you further. Any fees charged must be met by the applicant.

Name: _____ Signature: _____

Date: _____

Work Address: _____

Position: _____

Email: _____

If no Practice Stamp enclose compliments slip/letterhead

Practice Stamp