

Lincolnshire Concessionary Fare Scheme

If you have any difficulties or enquiries regarding this form please telephone 0345 456 4474.
Please read and complete this form carefully in CAPITAL LETTERS and attach your photograph in the space provided.

Section A - Your Details

Mark check boxes with a X

Title: Mr Mrs Miss Ms Other (please state)

Forename:

Surname:

Date of Birth: D D M M Y Y Y Y Gender: Male Female Other

Address:

Telephone:

Postcode:

Section B - Your Photograph

Write your name in CAPITAL LETTERS and date of birth on the **back** of your photograph.

Your photograph must be:

- Taken within the last 12 months
- Passport size
- Colour
- Showing your full face without a hat or sunglasses



Section C - Supporting Evidence of Residency and Identity

Please do not send original documents in the post. Copied documents that you provide may be electronically saved; hard copy documents will be securely destroyed.

Please submit **one** document from **each** list below.

Mandatory Proof of Identity

- Passport
- Driving Licence
- Armed Forces or Police ID
- Proof of State Benefit or Pension

Mandatory proof of residency

- Utility bill
- Current Local Council Tax Bill
- Bank Statement
- Medical Letter
- Doctor's Repeat Prescription

The address on this document must match the address on the application and must be dated within the last 6 months (or be your Council Tax Bill for the current year)

PLEASE CONTINUE OVERLEAF



Section D - Supporting Evidence of Disability

Please indicate under which categories below you are making your application and provide proof of eligibility with copies of the documents listed.

Disability	Cross the relevant boxes	Examples of acceptable evidence
Blind or partially sighted people	<input type="checkbox"/>	Blind Person's Registration, or Partially Sighted Registration, or a letter from an Optometrist confirming eligibility. AFCS*
Deaf people	<input type="checkbox"/>	A hearing loss of 70dBHL or greater. A signed statement from an audiologist or aural specialist about your level of hearing loss. AFCS*
People without speech	<input type="checkbox"/>	Letter from a Doctor confirming that you are unable to communicate orally in any language or Personal Independent Payment (PIP) with 8 points or more for the Communicating Verbally activity. AFCS*
People with 'substantial and long-term walking difficulties'	<input type="checkbox"/>	High Rate mobility component of Disability Living Allowance (DLA) in payment, or PIP with 8 points or more for the Moving Around activity; or a disabled persons parking badge (blue badge), or war pensioner's mobility supplement, or a letter from your Occupational Therapist confirming you can only walk with 'excessive labour at an extremely slow pace or with excessive pain'. AFCS* Do you have an LCC issued Blue Badge? Yes <input type="checkbox"/> No <input type="checkbox"/>
People with no arms or loss of use of both arms	<input type="checkbox"/>	Letter from a Doctor confirming your disability. If there is doubt, medical opinion should be sought. AFCS*
People with a Learning Disability causing significant impairment of intelligence or social functioning	<input type="checkbox"/>	Learning disability that has started before adulthood. Higher rate DLA or PIP at 8 points or more in the Communicating Verbally activity. Letter from your consultant, social worker or head teacher confirming that your learning disability meets the eligibility criteria.
Persons refused a driving licence on medical grounds other than drug/ alcohol abuse	<input type="checkbox"/>	Refusal letter from DVLA or a letter from your GP if you have not applied for a licence but would be refused on medical grounds if you did. AFCS*

AFCS*: Payment for injury under tariffs 1-8 of the Armed Forces Compensation Scheme may also be considered as acceptable evidence when relevant to this criteria.

Section E - Declaration

I certify that the address stated is my permanent residence and I am entitled to the concession applied for on the basis of the disability shown. I agree to Lincolnshire County Council (LCC) making any enquiries it considers necessary to check the information provided. I will notify LCC if I move house and provide proof I live at that address or return my bus pass if I move out of Lincolnshire. I understand if lost or damaged, there will be a £10 charge for a replacement pass. (LCC follows best practice in managing personal information with other authorised bodies for the purposes of administering the scheme. Refer to our Privacy Notice at www.lincolnshire.gov.uk/concessionaryfares for more information or call to request a paper version.) I accept that it may use or share my information with other authorised bodies for the purposes of administering the scheme, issuing the travel pass, auditing or fraud prevention.

Signed

Date

Completed Application Forms

Please send completed application forms and photocopies of documents to:

Concessionary Fares Team, PO BOX 1305, Lincoln, LN5 5RT

Alternatively you can complete and scan this form, together with your documents and photo and email to: concessionaryfares@lincolnshire.gov.uk

For Office Use Only

Proof of identity

Proof of residency

Signature / Initials

Proof of disability

Date: