

Service User Eligibility Criteria for Transport Services

The customer must have been assessed using an individual social care assessment and meet the eligibility criteria as set out in the Council's Transport Eligibility Criteria before completion of this form.

SECTION A: Customer Details

SERVICE USER NAME:		DOB:		SWIFT NO.:	
ADDRESS:		Service Area Assessing: (Older People, Learning Disability, Physical Disability, Mental Health).			
POSTCODE:					

SECTION B: Eligibility Criteria

QUESTIONS	YES/NO	COMMENTS/DETAILS
Is the customer able to walk to the Service, either alone or with assistance?		(If No , please explain why)
Does the customer have a car provided under the Mobility Scheme?		(If No , please explain why)
Does the customer receive the mobility component of Disability Living Allowance?		(If No , please explain why)
Is the customer able to use public transport either independently or with assistance?		(If No , please explain why)
Can the Service User be transported by a carer, family member or friend?		(If No , please explain why)
Is there a service nearer the service users home which would meet their needs?		(If No , please explain why)
Does the Service User live in a setting that has been commissioned by the Local Authority where transport can be arranged by a Service Provider?		(If No , give details why the Provider can not arrange the transport) (If Yes , ensure the Provider is aware of the transport requirements of the Service User)

Where **YES** is answered to any of the criteria above then transport **will not** be provided by the council. The customer will be expected to make their own transport arrangements but should be offered the support of their Assessing Officer to do so. Section C part 1 should be completed.

Where **NO** is answered to all of the criteria above then transport can be provided by the Council. Section C part 2 should be completed.

SECTION C: Assessing Officer's Recommendation

TRANSPORT REFUSED

1. Following the outcome of an individual social care assessment and by applying the above criteria, I recommend that Transport **is not** provided by the council for the above customer.

Signed: **Name:** **Date:**
(To be completed by the Worker undertaking the assessment)

TRANSPORT RECOMMENDED

2. Following the outcome of an individual social care assessment and by applying the above criteria, I recommend that Transport **is** provided by the council for the above customer.

Signed: **Name:** **Date:**
(To be completed by the Worker undertaking the assessment)

SECTION D: Team Manager Decision

In my capacity as Team Manager I confirm that I have reviewed the customer's individual social care assessment and as a result feel that transport provided by the council should be:

TRANSPORT REFUSED

Signed: **Name:** **Date:**
(To be completed by the Team Manager)

TRANSPORT RECOMMENDED

Signed: **Name:** **Date:**
(To be completed by the Team Manager)

Once completed and authorised the following should be undertaken:-

1. The Worker should inform the Service User of the outcome as part of the assessment;
2. A copy of this document should be associated to AIS along with the ISCA and Support Plan;
3. Where the outcome has been for Transport to be arranged or provided the Assessing Officer should make the necessary arrangements with the transport service.