

Eligibility Criteria

Section A – to be completed by the Applicant

Do you use a wheelchair when you go out? (tick appropriate box)

Yes

No

Please tick only **one** of the boxes below and give a brief explanation:

I cannot use ordinary buses at all

I can use buses, but only with assistance

I can use buses unaided, but with difficulty

I can use buses generally

Please give a brief explanation:

Section B – to be completed by the approved agencies

If you currently receive a service from any of the following agencies ask one of them to complete the section below.

Social Worker

Home Care Organiser

Occupational Therapist

Handicabs

} *Health and
Social Care
Department*

Occupational Therapist

District/Community Nurse

Health Visitor

Royal National Institute for the Blind

} *Health
Board*

To be completed by approved agencies only (see list above)

"I confirm that to the best of my knowledge the information given by:

(applicant's name)

_____ is correct.

In my opinion the applicant can use buses:

not at all / only with assistance / unaided / without difficulty (**delete three of these**)

Signed _____ Date _____

Position

Organisation

Address

Official stamp

Telephone