SOCIAL TRANSPORT SUPPORT ELIGIBILITY CHECKLIST (FORM A)

Thank you for your interest in the Social Transport Support Scheme. Please complete the following short checklist below to allow us to assess your eligibility to access the scheme. If you require any help to complete the form please contact us on 0141 941 0886 and we can arrange this.

SECTION A: CUSTOMER DETAILS

ORGANISATION NAME:							
MAIN CONTACT:							
CONTACT ADDRESS:							
POSTCODE:							
TELEPHONE NUMBER:							
ORGANISATION TYPE:	Community Group	Registered Charity			Statuto	ry Service	
TYPE OF SERVICE:	Family & Child Care	Learning Disability			Mental Health		
	Physical Disability	Sensory Impairment			Older People (Care)		
	Older People (Social)						
MEMBERSHIP:	No of active		Do you charge				
	members		membership f	feeî	?	YES / NO	

SECTION B: ELIGIBILITY CRITERIA

Questions	Yes / No	Number of Members
Are members able to get out and about alone or with assistance?		If yes, how many
Are members in receipt of a car provided by the Mobility Scheme?		If yes, how many
Are members in receipt of a benefit mobility component?		If yes, how many
Can members use public transport independently or with help?		If yes, how many
Are members in receipt of subsidised travel passes?		If yes, how many
Do users live in a setting that has been commissioned by the local authority where transport can be arranged by a service provider?		If yes, how many
Do any members live outside of West Dunbartonshire?		If yes, how many
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Do members experience any significant health issues which can impact on their ability to travel independently?		If yes, how many
Do members require to be accompanied for issues of vulnerability, mobility or communication?		If yes, how many

Please return the form by email to info@wdcvs.com or by post to WDCVS, Arcadia Business Centre, Miller lane, Clydebank, G81 1UJ.

SECTION C: ASSESSMENT RECOMMENDATION

1. TRANSPORT SUPPORT RECOMMENDED

Client Group Match	Member eligibility	User Need Established		
High Impact User	Medium Impact User	Low Impact User		
(Zone 1,2,3)	(Zone 1,2)	(Zone 2,3)		
Support Form Sent	Date Sent:	Support Offered:		

2. TRANSPORT SUPPORT DECLINED

Group Ineligible	Member ineligibility		User Need Not Established	
Notification sent:	Offer of alternative funding searches made			