

# Transport Assistance for People with a Disability

## SATSS Vouchers for NDIS Participants

The Federal Government has agreed to fund SATSS trips for NDIS participants until 30 October 2023 or until the date that participant plans are reviewed.

For SATSS members who are not eligible for the NDIS, this will not affect you and you will continue to be supported under the existing Scheme.

**\*\*Please note - any person aged 16 to 64 applying for SATSS membership or already an existing SATSS member will need to apply to the NDIS.**

[dit.sa.gov.au](http://dit.sa.gov.au)

Follow us on:    

Knet 15212135



Government of South Australia  
Department for Infrastructure  
and Transport

# Application for Transport Assistance

Incorporating

**Plus One FREE COMPANION**

and the

**South Australian Transport  
Subsidy Scheme (SATSS)**



Providing passenger transport support for people with permanent physical, cognitive, vision and intellectual impairment which affects their ability to use public transport independently.



The **Plus One FREE COMPANION** card and the **South Australian Transport Subsidy Scheme (SATSS)** is intended to assist people who have severe and permanent impairments, which limit their ability to use public transport independently.

The **Plus One FREE COMPANION** card provides free travel for a companion/carer accompanying a Plus One FREE COMPANION card cardholder on Adelaide Metro bus, train and tram services within metropolitan Adelaide.

**SATSS** provides subsidised taxi travel to eligible members travelling within South Australia and interstate.

### **Who is eligible for Transport Assistance?**

Permanent residents of South Australia who have severe and permanent disabilities which limit their capacity to use public transport independently, can apply for transport assistance.

**Applicants who may be eligible for support through National Disability Insurance Agency (NDIA) are required to be assessed through that Agency in the first instance.**

**Refer to contact details at the end of the application.**

# How to Apply

## **1: GET PHOTO**

A current photograph of the applicant is required. The photo must be in colour, show the applicants head and shoulders, and be of passport quality and size. A guarantor must endorse the photograph **on the back** in writing with "This is a true photograph of [applicant's full name]" and signing their name. The guarantor must be a responsible person who:

- Is 18 years of age or over;
- Has known the applicant for at least 12 months;
- Is not related to the applicant by birth or marriage;
- Is not in a de facto relationship with the applicant (this includes a same sex relationship);
- Does not live at the applicant's address.

## **2: FILL OUT APPLICATION FORM**

The application form consists of 6 sections. The following sections must be completed.

- Section 1 - Information about you
- Section 2 - General information about your Disability

The following sections are only to be completed if applicable to you:

- Section 3 - Cognitive Functioning and Intellectual/ Mental Health Impairment
- Section 4 - Sensory Functioning - Vision Impairment
- Section 5 - Communication Functioning
- Section 6 - Application for a Plus One FREE COMPANION card

Each section will tell you whether a Medical Practitioner or Health Professional can complete the information as required.

- A **Medical Practitioner** must be a person with a medical qualification - a General Practitioner (GP), or an appropriate **Medical Specialist** including: Gerontologist, Orthopaedic Surgeon, Neurologist or a Rehabilitation Specialist.
- An appropriate **Health Professional** is an Occupational Therapist or for vision impaired an Orientation or Mobility instructor, Neuro-Psychologist (for cognitive impairments) or Speech Pathologist (for communication impairments).

## **3: SUBMIT APPLICATION**

Together with your endorsed photo and relevant documentation, submit the completed sections of the application form to SATSS. This must be done within three (3) months of the date the doctor signed.

**SATSS Data Processing Services,  
GPO Box 2830, ADELAIDE SA 5001**

**Privacy statement:** Aggregated information may be used for statistical purposes but individuals will not be identified.

# Transport Assistance for People with a Disability

Incorporating

**Plus One FREE COMPANION**

and the

**South Australian Transport Subsidy Scheme (SATSS)**

**South Australians with disabilities, are able to apply for transport assistance under the Plus One FREE COMPANION card and the South Australian Transport Subsidy Scheme (SATSS).**

## Who is eligible for Transport Assistance?

Permanent residents of South Australia who have severe and permanent disabilities **which limit their capacity to use public transport independently**, can apply for transport assistance.

Eligibility for transport assistance focuses on an applicant's permanent disability and the way this affects their ability to travel. As such, functional assessment, not diagnosis or type of condition, is basis for eligibility.

**Applicants who may be eligible for support through the National Disability Insurance Agency (NDIA) are required to be assessed through that Agency in the first instance.**

## Who is NOT eligible for Transport Assistance?

People who are NOT eligible for a Plus One FREE COMPANION card and/or membership to the South Australian Transport Subsidy Scheme (SATSS) include:

- *People with challenging behaviours, such as physical aggression and absconding behaviour which places themselves, a driver or another passenger at risk;*
- *People who are legally blind and are able to travel independently at ALL TIMES on public transport. People who are legally blind are eligible to apply for a "Travel Pass for Person with Vision Impairment" which entitles the card holder to travel free of charge on all Adelaide Metro bus, train and tram services in metropolitan Adelaide;*
- *People with an impairment that is temporary or treatable;*
- *Children under 5 years of age will NOT be eligible for the Plus One FREE COMPANION card. All children under 5 years of age are required to travel with an adult on public transport as per the Passenger Transport Act 1994 Conditions of Travel.*
- *People assessed as eligible for National Disability Insurance Agency support including transport assistance.*

**The following factors WILL NOT be considered in an application:**

- *Availability or proximity to public transport*
- *Length of journey/timetable problems: having to catch two or more buses or inconvenient timetables*
- *Ability to drive or ownership of a motor vehicle*
- *Financial constraints*

## Plus One FREE COMPANION card

### What is the Plus One FREE COMPANION card?

The Plus One FREE COMPANION card is designed to assist a wide range of people with physical mobility, cognitive, sensory or communication impairment/s, who cannot safely use public transport on their own, but who could use public transport with the assistance of a companion/carer, or those who cannot travel independently at certain times (e.g. night) or on unfamiliar routes.

### How does it work?

A companion/carer can travel free of charge on Adelaide Metro bus, train and tram services when accompanying a holder of a Plus One FREE Companion card. Card holders must be in possession of a Plus One FREE Companion card, together with a valid Metro Ticket, metroCARD or Concession Card (if applicable) when travelling.

### Where can I use my Plus One FREE COMPANION card?

The Plus One FREE COMPANION card can **ONLY** be used on Adelaide Metro bus, train and tram services operating in metropolitan Adelaide.

The Plus One FREE COMPANION card is **not** recognised interstate and may **not** be accepted by any private bus, coach or rail services operating within and throughout South Australia.

## SOUTH AUSTRALIAN TRANSPORT SUBSIDY SCHEME

### What is the South Australian Transport Subsidy Scheme (SATSS)?

SATSS is a State Government subsidised taxi travel program for people with permanent and severe disabilities who, because of their disabilities, cannot safely use public transport either independently or accompanied by a companion/carer.

Consideration for eligibility to SATSS will include:

- Evidence of a person's inability to use public transport independently or with a companion/carer;
- The effect of a combination of impairments on an individual's abilities;
- The appropriateness of SATSS to provide transport assistance;
- Consideration of personal safety issues (from the individual, transport provider and general public perspective);
- Sensory impairments (including vision);
- Cognitive & intellectual impairment (including psychiatric & neurological conditions) and;
- Communication impairments.

### What benefits are available to SATSS members?

SATSS provides members with up to 80 trips for subsidised taxi travel which must last for at least six months.

The subsidy applies to the first \$40 of a taxi fare. The member must cover the full amount of any fare over the \$40 maximum fare limit.

**Membership is divided into two categories:**

**An Ambulant Member** (those who are able to walk and who are not confined to a wheelchair) receives 50% subsidy (maximum subsidy of \$20 per trip) and pays 50% of the fare themselves; or

**Members confined to a wheelchair** receive 75% subsidy (maximum subsidy of \$30 per trip) and pay 25% of the fare themselves.

### Where can I use my SATSS trips?

Current SATSS trips can be used to subsidise a taxi journey within South in Australia.

### How do I apply for Transport Assistance?

To apply for Transport Assistance, you will need to complete the relevant sections, of the application form titled "Application for Transport Assistance".

- Section 1 and Section 6 may be completed by the applicant.
- Section 2 must be completed by a medical practitioner or a medical specialist.
- Sections 3-5 must be completed by a medical practitioner, medical specialist or health professional.

Your application must be accompanied by an endorsed passport quality photo. Refer to details in the How to Apply section.

### What information do I need to provide?

The information you need to provide is determined by the level of assistance you are applying for, namely the Plus One FREE COMPANION card and/or membership to SATSS.

Some sections of the Application Form must be completed by a medical practitioner, medical specialist or health professional. This is indicated at the top of each section.

**Persons applying for the Plus One FREE COMPANION card will need to supply supporting documentation indicating their current and ongoing involvement with ANY ONE of the following:**

- Commonwealth Accommodation Services
- Department of Veteran's Affairs Attendant Allowance
- Centrelink Carer Payments
- Centrelink Carers Allowance
- Travel Pass for Person with Vision Impairment (issued by the Government of South Australia) or the Centrelink Disability Support Pension (Blind).

If you have a physical mobility, cognitive, sensory or functional communication impairment and you do not receive any of the above listed entitlements, you can still apply for a Plus One FREE COMPANION card. You will need to provide documentation relating to your need for assistance while travelling on public transport.

This documentation should include any training you have undertaken in relation to travel on public transport, the name of the training agency, the name of the trainer, and the date and duration of the training.

### What happens once I have sent in my Application?

Your application will be assessed and further information may be sought from your doctor, other health professional or disability support service. These applications may take longer to process. Once your application has been processed, you will be advised in writing of the outcome.

Approved applicants will receive their SATSS membership card within 7-10 days.

**For more information about SATSS member cards and the SATSS scheme visit [satss.sa.gov.au](http://satss.sa.gov.au)**

### How can I obtain further information?

#### South Australian Transport Subsidy Scheme

GPO Box 2830  
Adelaide SA 5001  
Telephone 1300 360 840

#### Adelaide Metro InfoLine

1300 311 108

#### Adelaide Metro InfoCentre

Corner of King William and Currie Street, Adelaide

#### SATSS Administrator

Public Transport Services (DPTI)  
GPO Box 1533  
Adelaide SA 5001

OFFICE USE ONLY

Member #

Please attach,  
with paper clip  
**One Endorsed  
Photo**

35mm x 45mm  
colour "head &  
shoulders" shot  
of the Applicant

## APPLICATION FORM - SECTION 1

# Information about you

This section can be filled in by the applicant

**Membership is issued in the name of the person with the disability.**

**\* Denotes Mandatory Field**

**One application must be completed per applicant.**

Are you an existing SATSS member?

Yes

No

For existing members, please provide your membership number:

Please indicate why you have submitted a further application:

Review

Upgrade

If you are not an existing member, is this your first application?

Yes

No

I am a permanent resident of South Australia?

Yes

No

**\*Do you have a plan with the  
National Disability Insurance Scheme (NDIS)?**

Yes

No

If no and over 65, complete application.

If no and under 65, refer NDIS in the first instance.

**(Please Print Answers Clearly)**

**\*Surname:** Mr/Mrs/Miss/Ms

**\*Given Names:**

**\*Residential Address:** (must not be a post office box)

**\*Postcode:**

**\*Postal Address** (if same as residential address please tick  Yes, if not, please provide

**\*Postcode:**

**\*Phone No.:** (Home)

(Work/Mobile)

**Email Address:** (for journey summary/trip balance notifications)

**\*Your country of birth:**

**\*Date of birth:**

/ /

**\*Alternate contact name:**

**\*Alternate contact email:** (for journey notifications)

**\*Relationship** (please tick)  Spouse/Partner  Guardian  Carer  Brother/Sister

Son/Daughter  Friend/Neighbour  Other Family member  Other

**\*Phone No.:** (Home)

(Work/Mobile)



**\*Is English your first language?**     Yes     No

**\*If NO, what is your first language or the main spoken language other than English?**

---

**\*If NO, how well do you speak English?** (proficiency in English)

Well     Average     Poor

**\*Please indicate your residential situation:**

- In residential aged care
- In supported accommodation
- In family home with no additional support
- In family home with family/full time carer
- At home with part time support
- Other (e.g. rehabilitation facility) – please indicate:

---

If your support is part time, please indicate the number of hours and types of support

---

**\*What are your reasons for applying for Transport Assistance?**

---

---

---

---

---


---

---

---

---

**\*Mandatory fields**

 **Turn over page**  
for more questions  
to complete

**Please provide the following information about the Medical Practitioner you usually attend appointments with:**

Medical Practitioner's Name: \_\_\_\_\_

Medical Practice: \_\_\_\_\_

Medical Practice Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**If your Carer or Legal Guardian has assisted you to complete this form, please provide their name, contact details and have them sign and date this application:**

**\*\*Email address will be used to communicate journey information and balances of trips in real time.**

Carer or Legal Guardian's Name: \_\_\_\_\_

Contact details: Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Applicant Declaration:**

- I approve my medical practitioner or health professional releasing information relating to this application to the Department of Planning, Transport and Infrastructure (DPTI) and its agents for the assessment and administration of transport assistance.
- I approve the organisations/services nominated within this application releasing information relating to this application to the DPTI and its agents for the assessment and administration of transport assistance.
- I certify that the information provided is correct and undertake to advise DPTI – SATSS Data Processing Services within 14 days, should circumstances change.
- I undertake to observe all of the conditions covering transport assistance, where granted to me through the Plus One FREE COMPANION card and/or the South Australian Transport Subsidy Scheme.
- I understand that a review of SATSS membership, including level of subsidy, can be requested by DPTI at any time.
- I approve DPTI and its agents releasing the personal details contained in this application to National Disability Insurance Agency (NDIA), where necessary in relation to transport assistance.
- I declare that I will notify SATSS if my condition changes in any way.



I declare I am a permanent resident of South Australia?

Yes

No

**APPLICANT'S SIGNATURE:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the applicant is not capable of signing, then the following declaration should be signed.  
I certify that the applicant has either read this application, or that the applicant has had them read to him or her and agrees to the statements in the Applicant Declaration printed above.

**SIGNATURE OF WITNESS TO APPLICANT'S CONSENT:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Contact Phone No. \_\_\_\_\_

**This section must be sent with your application.**

\*Mandatory field

# General Information about your Disability

APPLICANT'S MEDICAL PRACTITIONER MUST COMPLETE ALL QUESTIONS IN THIS SECTION AND CERTIFY THIS INFORMATION TO BE CORRECT AT THE END OF THE SECTION.

Name of Applicant: \_\_\_\_\_

**\*A1: Medical Diagnosis:**

Only a Medical Practitioner can provide a diagnosis. If a diagnosis impacts on cognitive functioning Section 3 of this application is also mandatory

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

If the diagnosis is a result of a medical event please provide date of event: \_\_\_\_\_

**\*A2: What is the applicant's condition likely to do?**

Deteriorate

Stay the same

Improve

Unknown

Over what time frame?

years

**\*A3: Is the applicant undergoing rehabilitation or likely to have a restorative procedure to improve their condition?**

Yes (if yes, please provide details)  No

**\*A4: Is the applicant's impairment alleviated by behavioural intervention or medication?**

Yes (if yes, please provide details)  No

**\*A5: If the applicant has any continence management issues, how are they managed?**

Always managed

Not applicable

Sometimes managed

Not managed

**\*A6: How do these disabilities impact on the applicant's ability/inability to use public transport or taxis with or without assistance?**

\*Mandatory fields

# APPLICATION FORM - SECTION 2: (CONTINUED)

## Physical Mobility

**\*A7: Can the applicant ascend and descend 3 steps of 350mm high independently (using rail)?**

- Without assistance  
 With assistance  
 Never

**\*A8: How far can the applicant walk before needing to rest due to the severity of the symptoms?**

\_\_\_\_\_ metres

**\*A9: Can the applicant use their arms to assist balance & safety when using public transport?**

- Always  
 Never

**\*A10: Is the applicant PERMANENTLY dependent upon a wheelchair for all mobility?**

- Yes  
 No

**\*A11: Does the applicant currently require use of a mobility aid, for medical reasons, if so please indicate which aid is currently used:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* I have verified the identity of the applicant**  Yes  No

**\* I have known the applicant for**  **years**

**\* I have completed Section 2 and certify that the information provided is complete and accurate**

**Medical Practitioner Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Medical Practitioner**

Name: \_\_\_\_\_

**Name & Provider Number:**

Address: \_\_\_\_\_

(printed and stamped clearly)

Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Please tear out this Section and return it with Section 1, Section 2 and any other Sections that are applicable, along with any relevant documentation to:  
**SATSS Data Processing Services, GPO Box 2830, ADELAIDE SA 5001**

# Cognitive Functioning and Intellectual/Mental Health Impairment

Applicant's Medical Practitioner OR Health Professional is to complete this section (for a definition of "MEDICAL PRACTITIONER" or "HEALTH PROFESSIONAL" please refer to the How to Apply section on the inside cover)

Name of Applicant: \_\_\_\_\_

**B1: Has the applicant relinquished their drivers licence?**

Yes       No

(If yes, please provide reasons and approximate date of surrendering licence)

**B2: Does the applicant require the assistance of another person (excluding the driver) when travelling on public transport and/or taxis?**

Yes, Public Transport  
 Yes, Taxi  
 No

(If yes to either, please describe the level of assistance required)

**B3: Is the applicant able to give directions to the driver (e.g. departure, destination) and handle money independently?**

Yes       No

Give details

**B4: Does the applicant experience challenging behaviours such as unpredictability, aggression, absconding behaviours, agitation?**

Always  
 Sometimes  
 Never

(If always or sometimes, please provide details and severity of the behaviour)

**B5: How do these disabilities impact on the applicant's ability/inability to use public transport or taxis with or without assistance**

**B6: Is the applicant capable of being trained to use public transport (e.g. a bus) on their own most of the time?**

Yes  No

**B7: Is the applicant capable of being trained to use public transport most of the time, with the aid of a companion or carer?**

Yes  No

**B8: Has the applicant received any transport training with regard to public transport, e.g. buses?**

Yes  No

(If yes, please provide the following information)

Training Organisation: \_\_\_\_\_

Trainer's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Organisation's Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Training: \_\_\_\_\_

Duration of Training: \_\_\_\_\_

**Outcome of training?**

Successfully completed

Training ongoing

Training not completed

**If training could not be completed, please provide comment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please identify the Medical Practitioner or Health Professional who has completed this section:**

**I certify the information I have provided in this Section is complete and accurate**

**Medical Practitioner's Name & Provider Number**  
Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please tear out this Section and return it with Section 1, Section 2 and any other Sections that are applicable, along with any relevant documentation to:  
**SATSS Data Processing Services,  
GPO Box 2830, ADELAIDE SA 5001**

**OR**

**Health Professional Name & Registration Number**  
Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Organisation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Sensory Functioning - Vision Impairment

Applicant's Medical Practitioner OR Health Professional is to complete this section (for a definition of "Medical Practitioner" or "Health Professional" please refer to the How to Apply section on the inside cover)

Name of Applicant:	_____
C1: Is the applicant legally blind as determined by the meaning of "permanent blindness" under the Social Security Act 1991 (Commonwealth)?	<input type="checkbox"/> Yes <input type="checkbox"/> No Best Corrected Vision _____ OD (right eye) _____ OS (left eye) _____ OU (both eyes) _____ Visual field (in degrees) _____
C2: If not legally blind please describe the level/ severity of vision loss?	_____ _____
C3: Does the applicant require the assistance of another person (not including the driver) when travelling on public transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____
C4: Can the applicant use public transport (e.g. a bus)?	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at all
C5: How does this visual impairment impact the applicants ability/inability to use public transport?	_____ _____ _____
C6: Does the applicant use any aids (e.g. flash cards, long cane, guide dog)? - please comment.	_____ _____
C7: If the applicant has a hearing loss what is the impact on their ability to use public transport.	_____ _____
C8: Does the applicant require the use of hearing aids?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C9: Is the applicant capable of being trained to use public transport (e.g. a bus) on their <u>own</u> most of the time?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____

**C10: Is the applicant capable of being trained to use public transport most of the time, with the aid of a companion or carer?**

Yes  No

**C11: Has the applicant received any mobility and/or orientation training with regard to public transport, e.g. buses?**

Yes  No

(If yes, please provide the following information)

Training Organisation: \_\_\_\_\_

Trainer's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Organisation's Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Training: \_\_\_\_\_

Duration of Training: \_\_\_\_\_

**Outcome of training?**

Successfully completed

Training ongoing

Training not completed

**If training could not be completed, please provide comment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please identify the Medical Practitioner or Health Professional who has completed this section:**

**I certify that the information provided in this Section is complete and accurate**

**Medical Practitioner's Name & Provider Number**

Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OR**

**Health Professional Name & Registration Number**

Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Organisation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please tear out this Section and return it with Section 1, Section 2 and any other Sections that are applicable, along with any relevant documentation to:  
SATSS Data Processing Services, GPO Box 2830, ADELAIDE SA 5001**



# Communication Functioning

Applicant's Medical Practitioner OR Health Professional is to complete this section (for a definition of "MEDICAL PRACTITIONER" or "HEALTH PROFESSIONAL" please refer to the How to Apply section on the inside cover)

Name of Applicant:

---

**D1: Can the applicant communicate independently (i.e. expressing and receiving information)?**

Yes       No

(If no, please comment)

---

---

---

**D2: Has the applicant undergone communication training for mobility or equivalent?**

Yes       No

(If yes, please state training provided)

(If no, please state why training has not been provided)

---

---

---

**Outcome of training?**

Successfully completed

Training ongoing

Training not completed

**If training could not be completed, please provide comment:**

---

---

---

**D3: How does this impairment impact on the applicant's ability/inability to use public transport**

---

---

---

---

---

---

---

---

---

---

Please tear out this Section and return it with Section 1, Section 2 and any other Sections that are applicable, along with any relevant documentation to:  
SATSS Data Processing Services, GPO Box 2830, ADELAIDE SA 5001

**Please identify the Medical Practitioner or Health Professional who completed this section:**

**I certify that the information provided in this Section is complete and accurate**

**Medical Practitioner's Name & Provider Number**

Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OR**

**Health Professional Name & Registration Number**

Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Organisation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

APPLICATION FORM - SECTION 6

# Plus One FREE COMPANION card For Adelaide Metro services

Name of Applicant: \_\_\_\_\_

The information you provide in this section is used to indicate your need for a carer:  
**Do you wish to apply for a Plus One card so that you can travel on public transport with a carer?**

Please tick box  Yes  No

You should note that Plus One applications cannot be accepted for children who are under 5 years of age

**Do you or your carer receive one of the following?** (tick one)

- Department of Veterans Affairs attendant allowance
- Centrelink Carer Payment
- Centrelink Carers Allowance

If the Applicant or their carer is in receipt of any of these 3 items, **please provide a current copy of your income/benefit statement OR a letter from Centrelink confirming current receipt**, to support your application.

Travel Pass For Person With Vision Impairment (issued by the Government of South Australia)

A copy of the Travel Pass must be attached

Centrelink Disability Support Pension (Blind) or Age Pension (Blind)

Disability or Aged Pension (Blind) applicants must **provide current documentation confirming the category of the pension they receive**, e.g. a copy of their valid Pension Card clearly stating "Blind" or a letter from Centrelink.

If you have a physical mobility, cognitive, sensory or functional communication impairment and you do not receive any of the listed entitlements, you can still apply for a Plus One FREE COMPANION card.

**YOUR APPLICATION FOR A PLUS ONE FREE COMPANION CARD IS NOW COMPLETE**

**If you are just applying for the Plus One FREE COMPANION card you should tear out this page and return with Section 1 and 2 and any other relevant information to:  
SATSS Data Processing Services, GPO Box 2830, ADELAIDE SA 5001**



# Government of South Australia



**FOR FURTHER INFORMATION REGARDING THE  
TRANSPORT ASSISTANCE FOR PEOPLE WITH A  
DISABILITY, PLEASE CONTACT:**

**South Australian Transport Subsidy Scheme** - Telephone 1300 360 840  
9am to 5pm (business days), Monday to Friday.

**Adelaide Metro InfoLine** - Telephone 1300 311 108  
7am to 8pm every day of the year

**National Disability Insurance Agency** - Telephone 1800 800 110  
8am to 5pm Monday to Friday  
[www.ndis.gov.au](http://www.ndis.gov.au)  
Email: [enquiries@ndis.gov.au](mailto:enquiries@ndis.gov.au)

**Additional information is available online.  
Visit [www.sa.gov.au](http://www.sa.gov.au)**

