



sustainable thriving achieving

East Dunbartonshire Council

www.eastdunbarton.gov.uk

ASSISTANCE WITH TRANSPORT ASSESSMENT FORM

Social Work Services Staff completing these assessments must ensure that:

- **All sections are completed**
- **Service Users / Carers are aware that refusal to disclose income or to apply for a state benefit, where an application should be made, will result in Social Work Services assuming that they have sufficient funds to meet the costs of transport. Further, that in these instances, we will either provide no assistance with transport or provide some assistance and claim/reclaim the cost or part of the costs from them.**
- **The assessment is signed and authorised.**

SECTION 1	REQUEST DETAILS
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1.1	Request made in connection with the Care Plan for:	
Name		
Date of Birth		
Carefirst ID		
Legal Status		
Legal Basis of SWS Involvement		

1.2	Request made for assistance with transport for: 'Same as Above'		<input type="checkbox"/>	OR
Name				
Date of Birth				
Carefirst ID				
Relationship to the person named at 1.1 above				
Is there a legal order, warrant etc. in place in connection with this relationship?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES	Date of legal order, warrant etc:			
	Description of legal order, warrant etc:			

1.3	Reason for Request
Include Care Plan Date, as referenced at 1.1 above and Action Point number to which this request is related: 	

1.4	Is there a duty for Social Work Services to provide assistance with transport?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, state legislative reference: 			

1.5	Please provide details of the specific journeys:				
From	To	Indicate if return journey required	Date(s) / Day(s) of Week	Method of Transport	Cost / Approximate Cost

1.6	Can the journey be combined with another journey?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, is it appropriate to do so? 			
If NO, please specify why: 			

1.7	Can the service user make the journey/s by foot?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, why is assistance with transport being requested? 			
If NO, please specify why: 			

1.8	Can the service user make the journey/s by public transport?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, why is assistance with transport being requested? If NO, please specify why:			

1.9	Is the person named at 1.1 :		
(A)	In receipt of Disability Living Allowance Mobility Component?	Lower Rate Higher Rate	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES to either 'Lower' or 'Higher' rate, why is assistance with transport being requested from Social Work Services?			
(B)	In paid employment?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES why is assistance with transport being requested from Social Work Services?			

1.10	Does the person named at 1.1 :		
(A)	Have a Mobility Car?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, why is assistance with transport being requested from Social Work Services?			
(B)	Have a Travel/Companion card?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES why is assistance with transport being requested from Social Work Services?			

1.11	Is the person named at 1.2 :		
(A)	In receipt of Disability Living Allowance Mobility Component?	Lower Rate Higher Rate	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES to either 'Lower' or 'Higher' rate, why is assistance with transport being requested from Social Work Services?			
(B)	In paid employment?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES why is assistance with transport being requested from Social Work Services?			

1.12	Does the person named at 1.2:		
(A)	Have a Mobility Car?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, why is assistance with transport being requested from Social Work Services?			
(B)	Have a Travel/Companion card?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES why is assistance with transport being requested from Social Work Services?			

1.13	Are there family or friends who could provide assistance with transport?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, why is assistance with transport being requested from Social Work Services?		

1.14	Is the service user care package supported by the Independent Living Fund?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, a copy of the ILF award letter should be attached to this form and the request for assistance with transport discussed with the Team Manager / Manager.		

SECTION 2	RECOMMENDATIONS AND DECLARATIONS
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RECOMMENDATIONS: (For Internal Use Only).

I confirm that I have assessed this request for assistance with transport in line with the Social Work Services' Assistance with Transport Policy, Procedures and Guidance. Further (check all that apply):

A	I confirm I have verified the above noted details.	<input type="checkbox"/>
B	I have been unable to verify some of the details above: specifically points	<input type="checkbox"/>
C	I do not recommend that assistance with transport should be provided because	<input type="checkbox"/>
D	I recommend that assistance with transport is provided without the need for reimbursement of the costs of this assistance.	<input type="checkbox"/>
E	I recommend that assistance with transport is provided with the full costs of £ being reimbursed by (person named at 1.2)	<input type="checkbox"/>
F	I recommend that assistance with transport is provided with some of the costs of £ being reimbursed by (person named at 1.2)	<input type="checkbox"/>

Recommendation signature: _____

Date: _____

DECLARATIONS: (From Service User / Carer).

I agree that the information noted in Section 1 is correct.	<input type="checkbox"/>
I agree with recommendations (note those you agree with):	<input type="checkbox"/>
I do not agree with recommendations (note those you do not agree with):	<input type="checkbox"/>
(And where relevant): I agree to reimburse EDC Social Work Services the costs referred to above at E or F.	<input type="checkbox"/>

Service User / Carer signature: _____

Date: _____

For internal use only:			
Manager Decision:			
Date of Review where decision was made:			
Date of next Review:			
Manager Signature		Date:	

Was the request for EDC to provide assistance with transport approved?

YES: Cost Centre & Account Code: For, <input type="checkbox"/> EDC Bus e.g. linked to Kelvinbank <input type="checkbox"/> Mileage Claim <input type="checkbox"/> Bus / Train fare <input type="checkbox"/> Taxi fare <input type="checkbox"/> Taxi arranged via EDC – please attach this form to the completed Social Work Transport Request form and pass to Social Work Admin for recording commitment and raising invoice for reimbursement where appropriate. <input type="checkbox"/> If other, specify here 	NO – Please file this form in the case file.
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For Social Work Administration/Finance use only:	
Date commitments recorded:	
Date invoice for reimbursement raised (where relevant):	
Debtors Invoice No:	
Transport Request forwarded to:	