



Total Mobility is a nationwide scheme aimed at giving people with disabilities mobility options. Waikato Regional Council administers Total Mobility cards for Whitianga .

The scheme provides financial assistance, giving registered users up to a 75% discount on taxi fares up to a maximum subsidy.

The user pays the other portion of the fare to the taxi driver. People who use the scheme must carry a valid Total Mobility photo ID card to access the discounted fare.

- The scheme is open to people of all ages living within the city or town boundaries of Hamilton City, Waikato District, Waipā, Matamata Piako, Thames/Coromandel, Tokoroa or within the defined Total Mobility zone as specified by Taupō District Council.

People living in residential care facilities such as rest homes are also eligible for the scheme.

People who use the scheme must have a physical, intellectual, psychological, sensory or neurological disability that prevents them from undertaking any one or more of the following components of a journey unaccompanied on a bus, train or ferry in a safe and dignified manner.

- Get to the place from where the transport departs
- Get on to the transport
- Ride securely
- Get off the transport
- Get to the final destination

The disability can be permanent, temporary (has lasted, or is expected to last for six months or more) or fluctuating (able to use public transport some, but not all of the time).

Examples of mobility limitations which would qualify for Total Mobility:

- If you're unable to walk to the nearest bus stop or get on and off a bus because of pain, respiratory problems, inability to see or hear, you rely on complex walking aids or if you need someone else's help to get around
- Total loss of or severe impairment of vision which prevents you from using public transport alone
- Intellectual or psychiatric disabilities which may mean you need help from someone else.

Please fill out the attached form and email through to reception@wcst.org.nz We will be in touch.

Last Name _____

First Name _____

Preferred Name (If Different) _____

Other Names _____

Flat/Unit/Level _____

Number & Street _____

Town _____

Post Code _____

Postal Address (If different from above) _____

Preferred Contact Method (Please circle one)

TELEPHONE EMAIL TEXT ALTERNATIVE CONTACT PERSON

Contact number _____

Email Address _____

Date of Birth _____

Agency **WHITIANGA SOCIAL SERVICES**

Alternative Contact Person _____

Receive Communication About our Services **Y/N**

Reason for Application

ID reference (office use only)-----
