



Community Transport SA Referral Form

Community Transport SA (CTSA) is funded by the South Australian Government Department of Human Services and delivered by City of Playford to provide transport to people aged 18 to 64, experiencing transport disadvantage. People accessing National Disability Insurance Scheme (NDIS) and My Aged Care (MAC) are not eligible for the service.

To support a successful referral, please ensure this form is completed as thoroughly as possible. The completion of this form does not guarantee the service and depends on the service availability and capacity.

Details with an * are mandatory fields. Missing details may result in delay of registration and access to the service.

Eligibility

Which council area does the person live in?*

City of Playford
 City of Salisbury
 City of Tea Tree Gully
 Town of Gawler

Why is the person unable to access public transport?*

Distance
 Functional disability
 Mobility limitations
 Financial disadvantage
 Availability or accessibility of transport services
 Other:

Is the person able to drive themselves?*

Yes
 No

Does the person have access to another person to transport them (inc. family or friends)?*

Yes
 No

Is the person eligible for or accessing the National Disability Insurance Scheme (NDIS)?*

Currently receiving NDIS support
 In process of applying
 Eligibility to be explored
 Not eligible



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Reason for transport request (summary):*

Personal Information

Given Name(s):*

Surname:*

Gender:*

- Male
- Female
- Non-binary
- Not Stated
- I use a different term: _____
- Prefer not to answer

Date of Birth:*

Residential Address:*

Postal Address (if different from above):

Phone Number:*

Mobile Number:*

Email Address:

Identify as Culturally & Linguistically Diverse:*

- Yes
- No

Is the Translating and Interpreting Service (TIS) required:*

- Yes
- No

If yes please state language:*

Aboriginal/Torres Strait Islander:*

- Aboriginal
- Torres Strait Islander
- Aboriginal and Torres Strait Islander
- Neither



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Access Information

Disability Pension Card:* Yes
 No

Health Care Card:* Yes
 No

Department of Veterans Affairs Card:* Yes
If yes, Gold White Orange
 No

Is the consumer employed?* Yes
 No

Is the consumer an unpaid carer?* Yes
 No

Transport Information

Does the person:

Use a mobility aid?* Yes No

If yes, please state which mobility aid/s (e.g. walking stick, walker, wheelchair etc):

Need assistance to get in/out of vehicles?* Yes
 No
 Sometimes

Require a support person/carer to accompany when travelling?* Yes
 No

Access the SA Taxi Subsidy Scheme (Card/Taxi Vouchers)?* Yes
 No
 In process of applying
 Not eligible



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Please note CTSA is designed to provide short-term or ad hoc support. This serves to increase independence in the community, better connections to ongoing or long-term transport supports and increased capacity to utilise other existing transport options in the community. Longer-term arrangements are considered only on a case-by-case basis.

Will the person require short or long term support? Please describe:*

- Will the person require ad hoc, occasional, regular or constant transport?*
- Ad hoc
 - Occasional
 - Regular
 - Constant

Medical Information

Does the person:

- Require transport for Dialysis treatment?*
- Yes
 - No

- Require transport for Cancer treatment?*
- Yes
 - No

- Have a Chronic Health Condition?*
- Yes
 - No

- Have a disability?*
- Diagnosed
 - Undiagnosed
 - Both Diagnosed and Undiagnosed
 - No Disability

Please describe health conditions:*

Additional Information/Requirements:

(front seat required/seatbelt extender/frequent stops/continence issues/medication/allergies/other)



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Emergency Contact

This information will only be used in the case of an emergency. Please note, a primary contact is the individual responsible for initiating and maintaining communication on the client's behalf. This is who CTSA will contact first. If client is first contact, please tick 'no'.

Emergency Contact Name:*

Relationship:*

Phone Number:*

Is this person a primary contact?* Yes No

Fees

Fees for service are determined by how much it costs to deliver the service and the distance travelled. Fees do not exceed the actual cost of delivering the service. Inability to contribute to the cost of transport will not be used as a basis for refusal of the service.

Distance Travelled	Fee each way
0-6 km	\$4.50
7-12 km	\$7.00
13-20 km	\$10.00
21-35 km	\$16.00
36-50 km	\$21.00

Personal Information

(Tick Consent):*

I consent The City of Playford to exchange/release/obtain personal information if the disclosure is reasonably necessary to prevent or lessen a serious threat to life, health or safety of a person or group of people.

Signature _____

Or Verbal Consent Obtained

This referral must be signed by a medical practitioner, Community Connections Partner or another recognised support service. Failure to provide the required sign-off may result in delays to registration and access to service.

*Referred by (full name):

*Referring Organisation:

*Community Connections Partner (check if yes):

*Contact Phone:

*Contact Email:

*Signature:

**Please forward completed form to the Transport Coordinator
transport@playford.sa.gov.au**