



## 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

<b>Which council area does the person live in?*</b>	<input type="checkbox"/> City of Playford <input type="checkbox"/> City of Salisbury <input type="checkbox"/> City of Tea Tree Gully <input type="checkbox"/> Town of Gawler
<b>Why is the person unable to access public transport?*</b>	<input type="checkbox"/> Distance <input type="checkbox"/> Functional disability <input type="checkbox"/> Mobility limitations <input type="checkbox"/> Financial disadvantage <input type="checkbox"/> Availability or accessibility of transport services <input type="checkbox"/> Other: _____
<b>Is the person able to drive themselves?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the person have access to another person to transport them (inc. family or friends)?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the person eligible for or accessing the National Disability Insurance Scheme (NDIS)?*</b>	<input type="checkbox"/> Currently receiving NDIS support <input type="checkbox"/> In process of applying <input type="checkbox"/> Eligibility to be explored <input type="checkbox"/> Not eligible
<b>Reason for transport request (summary):*</b>	

---

## 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
- 

Main Language Spoken:

---

Aboriginal/Torres  
Strait Islander:\*

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

## 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

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?\*  Long-term  
 Short-term  
If long-term, 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):**

---

**Emergency Contact**

This information will only be used in the case of an emergency.

**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.

<b>Distance Travelled</b>	<b>Fee each way</b>
<b>0-6 km</b>	<b>\$4.00</b>
<b>7-12 km</b>	<b>\$7.00</b>
<b>13-20 km</b>	<b>\$10.00</b>
<b>21-35 km</b>	<b>\$15.00</b>
<b>36-50 km</b>	<b>\$20.00</b>

## 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

---

\*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](mailto:transport@playford.sa.gov.au)**