

Category D – Walking Difficulties Online Supplementary Info

Complete this supplementary information document if you are applying online for a concession travel pass under the DFT Category D for Walking Difficulties. This is an editable PDF document, type your answers directly into the blue spaces provided and then save your document to your device.

Section 1 – Your Details

To make sure we can match this supplementary document with your online application, makes sure you provide us with your personal details below – these details must match the same as those that you have entered on the online application portal.

First name	<input type="text"/>		
Last name	<input type="text"/>		
Address	<input type="text"/>		
Town / City	<input type="text"/>	Postcode	<input type="text"/>
Contact Number	<input type="text"/>		
Email address	<input type="text"/>		
Date of birth (dd-mmm-yyyy)	<input type="text"/>		

Walking Difficulties (Category D) – Additional Information

Do you receive War Pensioner's Mobility Supplement (WPMS)? Yes No

If **Yes**, you will need to provide a copy of a letter from the Service Personnel and Veterans Agency (SPVA) confirming that you are entitled to this supplement. The letter must be dated within the last 12 months. If you have lost the letter, you can get a replacement by contacting the agency on 0800 169 22 77.

Do you receive Personal Independent Payment (PIP)? Yes No

Do you get **8 points** or more for **Moving Around**? Yes No

If **Yes** to the above, you will need to send us a full copy of your PIP award letter, showing all pages including the reference number shown on each page, your name, address and clearly showing the points you have been awarded for **all** categories. You must have at least **6 months** left of the award. If you have lost the letter, you can get a replacement by calling the Department for Work & Pensions (DWP) on 0800 121 4433

Do you get the Higher Rate Mobility component of Disability Living Allowance? Yes No

If **Yes**, have you been awarded this indefinitely? Yes No

If **No**, what date is your benefit due to end?

If **Yes** to the above, you will need to send us a full copy of the most recent letter from the Department for Work and Pensions (DWP) that details your award. This letter should clearly show your name, address, the date and level of your award (confirming the higher rate mobility component), and its duration. If you don't have this letter, you can obtain a new one by contacting the DWP directly on 0800 121 4600.

In the blue box below, tell us the medical names of any conditions you have been diagnosed with

In the blue box below, tell us about any medical condition or disability which affects your walking

Please make sure everything you tell us is accurate and gives a clear picture of your medical condition and how it affects your ability to walk. We'll review all information provided. Based on what you tell us, along with the supporting medical evidence provided, we might ask you to attend a medical assessment with an Independent Medical Assessor.

For each medical condition or disability listed above, please tell us about any operations, treatments, or specialist clinics you've been to. If you can, include the dates.

You must send us the documents that support your answers in Section 9. You must provide detailed letters from your GP, consultant, another registered medical professional and specialist service, and copies of recent prescriptions (dated within the last 6 months)

In the blue boxes below, tell us about any surgery, treatments or support from a specialist clinic you have had in relation to your walking difficulty.

Surgery, treatment or specialist clinic	Date treatment received

What medication do you currently take for the conditions or disabilities you described above?

Medication	Dose

Please tick the statements below that apply to you.

I am waiting for surgery for any of the conditions described above.

I am recovering from surgery for any of the conditions described above.

I am waiting for treatment for any of the conditions described above.

I am managing my condition or disability, as I have been told it is not expected to improve any further

None of the above apply.

Do you expect that your condition or disability will improve in the next 3 years? Yes No

Are you currently taking any pain relief for the conditions or disabilities you have mentioned? Yes No

If **Yes**, in the blue box below, tell us what you are taking and often you need it:

Please tick the statements below that best describe your walking ability:

- I **am able** to walk well, including walks for leisure.
- I **am able** to walk around the supermarket to do my own shopping.
- I **am able** to walk and can use public transport for some of my local trips
- I **am able** to walk, but struggle with longer distances or hills.
- I **am able** to walk but get breathless if I walk for more than a few minutes.
- I **am able** to walk but find it too painful to walk more than a few minutes.
- I **am able** to walk but use a wheelchair for longer trips outside the home.
- I **am able** to walk around my home but am unable to climb the stairs.
- I **am unable** to walk at all
- Other - please describe below.

In the blue box below, tell us how the conditions or disabilities described affect your ability to walk?

Please tick the box below that best describes the way you walk.

- Normal** – no specific problems with walking.
- Adequate** – for example, you walk with a slight limp.
- Poor** – for example, you walk with a heavy limp or stiff leg, or you shuffle or have problems with balance
- Extremely Poor** – for example, you drag your leg, stagger, swing through two crutches or need physical support.

If none of these options describes the way you walk, in the blue box below please give more detail:

Do you use any of the following walking aids? (You can tick more than one box.)

- | | | | |
|--------------------|--------------------------|--------------------------------------|--------------------------|
| One elbow crutch | <input type="checkbox"/> | Rollator frame | <input type="checkbox"/> |
| Two elbow crutches | <input type="checkbox"/> | Wheelchair | <input type="checkbox"/> |
| One walking stick | <input type="checkbox"/> | I need someone to push my wheelchair | <input type="checkbox"/> |
| Two walking sticks | <input type="checkbox"/> | Other – please describe below | <input type="checkbox"/> |
| Walking frame | <input type="checkbox"/> | | |

If you ticked **Other**, please provide more detail in the blue box below:

Who provided your walking aid?

- | | |
|---|--------------------------|
| Social services | <input type="checkbox"/> |
| Healthcare professional | <input type="checkbox"/> |
| I bought it myself | <input type="checkbox"/> |
| Other (please give further details below) | <input type="checkbox"/> |

If you ticked **Other**, please provide more detail in the blue box below:

Please tick below how often and where you use this equipment.

- | | |
|---|--------------------------|
| I only use the equipment sometimes | <input type="checkbox"/> |
| I use the equipment always | <input type="checkbox"/> |
| I use the equipment indoors | <input type="checkbox"/> |
| I use the equipment outdoors | <input type="checkbox"/> |

Are you able to walk outside without help? Yes No

If you ticked **No**, in the blue box below please tell us about the help you need:

Please answer Yes or No to each of the following questions by ticking the relevant box.

- | | | |
|---|------------------------------|-----------------------------|
| Do you get short of breath when hurrying on level ground or walking up a slight hill? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you get short of breath walking with other people of your own age on level ground? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have to stop for breath when walking at your own pace on level ground? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you get too breathless to leave your home, or after dressing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How far would you estimate you are able to walk, using any walking aids, before you must stop because you are in severe discomfort?

The following information may help you judge the distance you can walk.

- The average adult step is less than one metre, which is 1.1 yards (3 feet and 4 inches)
- If you walk alongside someone and they take 100 steps, you would have walked roughly 90m (100 yards)
- The average double-decker bus is about 11m (12 yards) long.
- A tennis court is about 24m (26 yards) long.
- A full-size football pitch is about 100m (110 yards) long.

I can walk metres, or yards.

Roughly how much time (in minutes) would it take you to walk this distance?

Can you continue walking after a short rest?

Yes No

If you can continue walking, roughly how long (in minutes) can you continue walking?

Balance and dizzy spells

Please answer **Yes** or **No** to each of the following questions by ticking the relevant box.

Do you have balance problems?

Yes No

Have you had any recent falls?

Yes No

If you ticked **Yes**, in the blue box below please tell us when you last had a fall:

How many times have you had a fall in the last 12-months?

Has your GP referred you to the Falls Clinic?

Yes No

Stairs

Do you use steps or stairs within your home?

(This helps us understand how your condition affects your ability to move around your living space.)

Please tick all that apply:

I have stairs inside my home

I have steps leading to my home

I use a stairlift or domestic lift

I live in a property without stairs or steps (e.g. bungalow or ground-floor flat)

How difficult is it for you to use stairs or steps? This includes steps outside the home e.g. at a train station.

Not difficult

Quite difficult

Very difficult

Unable to climb stairs

To support the information provided, you must include the documents listed below as evidence for your answers previously listed. If you are currently taking medication due to walking difficulties, please also provide copies of your most recent prescriptions (dated within the last six months).

- A letter showing any confirmed treatment plan
- A detailed letter from a specialist service (e.g. physiotherapist)
- A detailed letter from your GP clearly stating your disability and how it affects your mobility

Please Note: All letters and documents **must** be dated within the last 12-months.

What to do next

Once you have answered all the questions on this document, you will need to save this document and upload to your online application.

- Click the Save As button on this PDF document
- Choose where to save the PDF document e.g. files folder on your mobile device or laptop / PC documents
- Save the document using your full name
- Return to the online application at merseytravel.gov.uk and upload this document in the relevant section

If you are having difficulties in completing this application form or need any advice, you can call our dedicated customer services team on **0300 131 2881** or email us at ask@liverpoolcityregion-ca.gov.uk

Please Note: We cannot refund any costs (e.g. travel costs) you have relating to this form or costs you may have incurred from collecting evidence to support your application.

Independent Medical Assessment

In accordance with guidance from the Department for Transport (DfT), if there is any uncertainty regarding your eligibility, Merseytravel may request an independent medical assessment to support the outcome of your application. Any costs associated with this assessment will be covered by Merseytravel. The information provided in this supplementary document and your supporting evidence may be shared with our third-party for further assessment