

# Grass Routes Membership Form (Form 1)



Application Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

House Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Concessionary Bus Pass No: \_\_\_\_\_

*Please note that there is a charge for this service if no Concessionary Pass is available.*

Are you an Orange Wallet holder?	Yes	No	If yes, please complete Form 2
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Emergency Contact:		Home Phone:	
Relationship to you:		Mobile:	

*Please ensure that the Emergency Contact is aware that you have submitted this application!*

*It is sometimes necessary to substitute a low floor Grass Routes Bus for a conventional minibus.*

Do you think you could manage a few steps? Please Circle or Highlight	Yes	No
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Will you be using any of the following when boarding the bus? Please circle or Highlight						
<b>Wheelchair</b>	Yes	No	<b>If Yes, manual or electric?</b>	Manual	Electric	
Walking Aid:	Zimmer	3 wheel walking aid	4 wheel trolley	Walking stick		
If you are a wheelchair user, could you transfer to a seat on the bus?					Yes	No
If the answer to the last question is "No", is your chair self-propelled?					Yes	No
If the answer to the last question is "No", will you have a companion to assist?					Yes	No
If you are unable to answer "yes" to any of the above 3 questions, please ring us on 0800 085 8015						
Comments:						

What will be the main purpose for using Grass Routes? Please tick							
Social		Health		Shopping		Recreational	
Comments:							
Would you be accompanied by a registered "Assistance" dog					Yes		No

Are there any Special Requirements the driver should be aware of?	<b>Yes</b>	<b>No</b>
<i>If so please complete Form 2</i>		

**If not, please complete and sign this Form (see over).**

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Invoice Address (if applicable):
Post Code:

Signature:	
Name of applicant/ organisation/carer:	
Date:	
Contact details:	

*Membership Fee is **£5.00 per household** (one off payment). Cheques are to be payable to Monmouthshire County Council, or you can pay over the phone, 01633 644355*

*If someone in your household is already a member please provide their name below*

\_\_\_\_\_

**Please return completed Form/s to:**  
**Grass Routes Applications, Monmouthshire County Council, PO Box 106, Caldicot, NP26 9AN**

***If you have any difficulties in completing this form, please ring 0800 085 8015***

<b>Office use only:</b>					
Processed by:				Date Processed:	
Assessment needed	Yes	No			
Assessment Date	___/___/___			Assessor Name:	
Application Approved	Yes	No	Existing Household Membership	Yes	No
Membership fee paid	Yes	No	Date: ___/___/___	Cheque / Card	
Receipt Number					
Membership No.					

**PROCESS**

1. Your application will be sent to our Grass Routes office for processing. At this point it may be decided that an Assessment may be required.
2. If an assessment is needed, a qualified member of our staff will visit your home or place of residence to assess if the pick-up location is suitable, and if there may other issues that may restrict your use of the service.
3. The Assessment form is submitted to our operations office and a Confirmation Letter containing a membership number will be sent to you. Once you have a membership number you can request transport.

# Grass Routes Membership Form (Form 2)

In accessing the Grass Routes service, **what do you feel the driver needs to be aware of**, so you can travel safely to and from your destination?

Please provide brief details of anything you feel the driver needs to be aware of:-

## Physical health


## Mental health


## Other requirements


## Permissions

By signing this form, you are agreeing that you are happy to have your information and any subsequent changes in your circumstances, shared with Grass Routes and its service partners.

If you are signing this form as an organisation, responsible adult or carer on behalf of the applicant, you are agreeing that you have the authority to allow disclosure of personal information to Grass Routes and its service partners.

Signature:	
Name of applicant/ organisation/carer:	
Date:	
Contact details:	