

11. Qualification to use the service (A) or (B) must be completed.

A) Do you receive any benefits which qualify your need? EG.

- 1. Disability Living Allowance
- 2. Disability Working Allowance
- 3. Mobility Allowance
- 4. Attendance Allowance
- 5. Incapacity Allowance

(B) If you do not receive any of the above, the following must be completed by a Doctor, Physiotherapist, Community Nurse or other medical professional (who may charge a fee).

I certify that the above named person is unable to use Public Transport.

Signed.....Profession.....

Hospital/Surgery.....Date.....

I enclose my cheque for £20.00, payable to 'Suffolk A.C.R.E. Services' for my first year's membership.

Signed(passenger or representative) Date.....