

# BLUE BADGE APPLICATION

## IMPORTANT GUIDANCE NOTES

- If you are renewing your Blue Badge, please make sure you submit your application form at least 12 weeks before the current expiry date, as once your badge has expired it can no longer be used.
- You will receive a response by letter or notification by email, with one of the following 3 outcomes;
  1. Badge is issued
  2. Badge is not issued with reasons why or
  3. You will be invited in for a face to face eligibility mobility assessment with an Expert Assessor (Occupational Therapist)
- Please complete all sections relevant to you as fully as possible so that we are able to take all of your circumstances into account when we assess your application.
- Incomplete applications will not be processed and will be returned to you for completion.

### Information about you

Please complete the details as fully as possible.

This section asks for your personal details including name, date of birth, National Insurance number, address, telephone number and email address. All fields should be filled in.

Proof of your identity and address - please do not send original documents

- All applicants are required to provide proof of identity and address. Not providing proof of identity and address may delay your application.
- Proof of identity will be in the form of a photocopy of your birth/adoption certificate, marriage/divorce certificate, valid driving licence or passport. A photocopy of one form of identity is required to be submitted with your application. \*\* For online applications a scanned copy of the original document is acceptable.
- Proof of your address will be in the form of a photocopy of one of the following documents, showing your name and address: a current Council Tax bill, a utility bill dated within the last 3 months, a bank statement dated within the last 3 month, a benefit/pension letter dated in the last 12 month, a letter from a care home to confirm you are a permanent resident. \*\* For online applications a scanned copy of the original document is acceptable.
- If the application is on behalf of someone under the age of 16, you may sign on their behalf.

### Blue Badge Issue Fee

The application fee is £10.00.

Cheque or Postal Order should be made payable to Warwickshire County Council.

If you choose to send your payment by Postal Order, we recommend that you keep your receipt, as you will need this to cash in the Postal Order should your application not be successful.

### Other information

You should also provide a colour passport sized photo. With your name written on the back

## Section 1 – Questions for applicants applying with automatic eligibility

You will be automatically eligible for a badge if you are over three years old, can satisfy residency and identity checks, and meet at least one of the eligibility criteria in Section 1.

You will need to provide the appropriate documentation to prove eligibility under one of the criteria. An example of proof of entitlement is proof of payment of the allowance.

### Registered as severely sight impaired (blind)

You are asked to state the name of the local authority or borough with which you are registered. You should state the county, metropolitan district or London borough council.

In many cases, you will be registered with the same authority to which the application for a badge is being made. If this is not the case, local authorities will check with the named authority that you are registered as severely sight impaired (blind).

The formal notification required to register as severely sight impaired (blind) is a Certificate of Vision Impairment (CVI), signed by a Consultant Ophthalmologist. However, registration is voluntary.

### Higher Rate of the Mobility Component of Disability Living Allowance (HRMCDLA)

An applicant receiving HRMCDLA will have had an award notice letter from the Pension, Disability and Carers Service (PDCS) or (DWP). In addition, recipients of HRMCDLA are sent an annual uprating letter, stating their entitlement and this letter can be used as proof of receipt of HRMCDLA. If you have lost your HRMCDLA award letter or your uprating letter, then please contact the PDCS for a current award letter by:

- Telephone: 0800 731 0122 (if you were born on or before 8<sup>th</sup> April 1948)
- Textphone: 0800 731 0317
- Telephone: 0800 121 4600 (if you were born after 8<sup>th</sup> April 1948)
- Textphone: 0800 121 4523

This helpline is open from 8am to 6pm Monday to Friday, and further details can be found online at: <https://www.gov.uk/disability-benefits-helpline>

### Personal Independence Payment (PIP) Moving Around

An applicant receiving PIP will have a decision letter states that you meet one of the following 'Moving Around' descriptors within the Mobility Component:

- You can stand and then move unaided more than 20 metres but no more than 50 metres. (8 points)
- You can stand and then move using an aid, or appliance, more than 20 metres but no more than 50 metres. (10 points)
- You can stand and then move more than 1 metre but no more than 20 metres. (12 points)
- You cannot stand or move more than 1 metre. (12 points) Your decision letter can be used as proof of receipt of the relevant PIP award.

If you have lost your PIP decision letter, then please contact DWP for a PIP decision letter by:

• Telephone: 0800 121 4433 • Textphone: 0800 121 4493 This helpline is open from 8am to 6pm Monday to Friday, and further details can be found online at: <https://www.gov.uk/pip>

## **Personal Independence Payment (PIP) Planning and Following a Journey**

An applicant receiving PIP will have a decision letter that states you meet the following 'Planning and Following a Journey' descriptor within the Mobility Component:

- You cannot undertake any journey because it would cause overwhelming psychological distress (10 points)

Your decision letter can be used as proof of receipt of the relevant PIP award. If you have lost your PIP decision letter, then please contact DWP for a PIP decision letter by:

• Telephone: 0800 121 4433 • Textphone: 0800 121 4493 This helpline is open from 8am to 6pm Monday to Friday, and further details can be found online at: <https://www.gov.uk/PIP>

## **War Pensioner's Mobility Supplement (WPMS)**

An applicant receiving WPMS will have an official letter from Veterans UK. If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0808 191 4218.

## **Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1-8 (inclusive)**

You will have been assessed and certified by the Service Personnel and Veterans Agency as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking. You will have been issued with a letter from the Veterans UK confirming the level of your award and also confirming that you have been assessed as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking. You must enclose

the original copy of this letter as proof of entitlement. If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0808 191 4218.

## **Section 2 – Questions for 'subject to further assessment' applicants with walking difficulties**

**Applicants who are unable to walk, or have very considerable difficulty walking**  
**This section should only be completed if you have an enduring and substantial disability (i.e. a condition that is likely to last for at least 3 years or longer) which means you cannot walk or which means that you have very considerable difficulty walking.**

### **2.1 Medical Conditions**

Please only give details of any enduring and substantial medical conditions or disabilities you have that directly impact on your walking ability (for example conditions that cause excessive pain, excessive breathlessness or impact on the way you walk (for example, cause an uneven walking pattern or limp). Please also include the date you were diagnosed.

### **2.2 Surgeries, treatment and specialist clinics**

Please provide the most recent (within the last 3 years) and/or most relevant information for procedures or treatments that you have received. Please give the month and year that the treatment commenced, or when the surgery was completed.

Some examples of this might be; physiotherapy, chemotherapy, pain clinic, pulmonary rehabilitation, hip or knee replacements.

### **2.3 Medications**

Please provide details of any medication(s) you take on an ongoing basis to manage any medical condition(s) or disability that impact on your walking ability. This includes daily, weekly or monthly or and 'PRN' (as required) medications.

Please also provide the dosage and how frequently you take the listed medication(s).

## 2.4 Description of walking difficulties

Questions in this section are primarily intended for people with considerable difficulty walking due to a physical disability.

If the impact of your disability on your ability to walk or complete a journey is due to both physical walking difficulties, *and* a non-physical disability, please complete both this section, (2.4 - 2.8) and questions in section 3.

### **Excessive Pain.**

Please only tick this box and provide information if you experience excessive pain with walking.

It is helpful if you give detail about what kind of day to day activities you are able / not able to do in your day to day life due to the impact of the pain you experience.

Please tell us if any of the pain medications (or other coping strategies you might have) change what you are able to do/ not do. If your pain levels vary, please give information about what you are able to do on a day where pain is having the most impact, and when it is having the least impact.

### **Breathlessness.**

Please only tick this box and provide information if you experience excessive breathlessness with walking.

Please indicate using the tick box options all statements which describe the breathlessness you experience.

If your breathlessness is very variable, and/or you do not feel any of the statements describe the breathlessness you experience accurately, please tick the box to indicate 'other'.

It is helpful if you can give detail about what kind of day to day activities you are able / not able to do in your day to day life due to the impact of the breathlessness you experience.

Please tell us if any medications (or other coping strategies you might have) change what you are able to do/ not do. If your breathlessness levels vary, please give information about what you are able to do on a day when breathlessness has the most impact, and when it is has the least impact.

### **Balance, coordination or posture. Describe how the way you walk is affected by your coordination, (for example, if your posture is affected or you struggle to take full steps)**

Please only tick this box and provide information if you have difficulty due to balance, co-ordination or postural difficulties that impact on your ability to walk.

It is helpful if you can describe the way you walk (for example, do you walk with a slight or heavy limp? Do you have very limited range of movement in your legs, hips or ankles which mean you cannot walk with a 'normal' walking pattern?).

### **Have you seen a healthcare professional for any falls in the last 12 months?**

Please only tick yes if you have seen a healthcare professional due to falls you are having in the last 12 months.

This could be a GP, consultant, physiotherapist or occupational therapist for example. Please provide details about any known cause of the falls identified, and any recommendations that were made by the healthcare professional to help you reduce the number of falls you are having.

### **It's dangerous to my health and safety (describe how your condition makes walking dangerous)**

Please only tick this box if the effort of walking presents a danger to your life, or would be likely to lead to a serious deterioration in your health. It is designed for people with serious chest, lung or

heart conditions. If the dangers arise for other reasons (such as behavioural factors) then please complete the questions in section 3 that are designed for non-physical (or hidden) disabilities. Please note, if you are applying due to a severe chest, lung or heart condition then we are likely to require evidence of this from a medical professional involved in your care to be able to consider your eligibility.

### **Do you have a chest, lung or heart condition, or epilepsy?**

Please only tick this box if you have a chest, lung or heart condition, or epilepsy.

### **Something else**

Please tell us how your medical condition or disability causes you considerable difficulty with walking. Use this section to provide us with information about how your ability to walk a short distance is affected if the above questions have not covered the difficulties you have.

If the difficulties you have arise for other reasons (such as behavioural factors) then please check if the questions in section 3 are more relevant to you, and complete the questions in section 3 that are designed for non-physical (or hidden) disabilities.

### **2.5 Describe somewhere you can walk from and to**

Please state a walk you are able to complete. This could be from your home to a local destination. For example, from 'home' to 'local shop on (road name)'.

If you live in a rural location, or never walk to a local destination from your home, please give details of a walk you might complete when out in the community. For example, from 'Car park on (road name) in (town/city) to (specific shop/destination)'.

### **2.6 Walking aids**

Please tick any of the walking or mobility aids listed that you use on a daily basis or that you would need to use to walk a short distance outdoors (tick **all** that apply). If the type of aid you use is not listed, please tick 'other' and provide details of the aid used (for example, a mobility scooter or a specialist walking frame).

### **2.7 Duration of walking**

Please tick the box that most accurately describes how long you can walk for without stopping. If you need to stop to take a rest when you walk, please indicate the duration of time you can usually walk for before you need to rest.

If you use a walking aid, then your answer should be the duration you can walk for when using that aid.

### **2.8 Health Care Professionals**

Please give details of any healthcare professionals, or specialists involved in the treatment or management of the medical conditions / disabilities you have listed in section 2.1. We will not contact these individuals unless we need to, and will contact only if you have confirmed consent in the relevant application declaration. Please submit supporting evidence you have available with your application where possible, as this will assist us to make eligibility decisions as efficiently as possible.

## **Section 3 - Questions for 'subject to further assessment' Applicants with non-visible (hidden) disabilities**

"The range of potential 'non-physical' disabilities which cause difficulty whilst walking is broad, and they can affect people differently - both in isolation, and in combination with other impairments. The Blue Badge application process should allow for people to provide information about the difficulty they have in completing journeys from their own perspective, but should also include relevant supporting evidence available from health and social care professionals involved in the applicant's diagnosis, treatment or support (Blue Badge Scheme Local Authority Guidance (June 2019)).

This is to enable full and holistic consideration of all applications we receive against the eligibility criteria.

We therefore ask that you include with your application any relevant supporting evidence you have regarding the impact of your disability on your day to day life, and where possible, around your ability to complete journeys in the community.

Some examples of supporting evidence are:

(for applicants of all ages)

Diagnosis letters,

Care plans,

Patient summaries,

Disability benefits.

Risk assessments detailing recommended control measures (particularly those relating to community access)

(for applicants who are children and young people)

Education Health and Care (EHCP) plans

Special Education Needs and Disabilities (SEND) report.

If you do not have any of the above supporting evidence available, we will make attempts to seek relevant insight from any social care records if you have indicated your consent for us to do so your application declaration.

You may wish to provide information from your GP. Please be aware that evidence from GPs in support of an application will in most circumstances only be considered where this is not the only source of evidence used to determine the eligibility of a Blue Badge application, therefore alternative sources of evidence should be provided wherever possible."

### **3.1 What affects you taking a journey between a vehicle and your destination**

Please only tick the boxes that apply to you *and* that are relevant when you complete a journey between a vehicle and your destination.

#### **I am a risk to myself or others near vehicles, in traffic or car parks.**

Please tick the box that most accurately describes how often this risk occurs for you when you are completing a journey between a vehicle and your destination.

Please also give an example of when you are risk near vehicles in traffic or car parks (e.g. example of a trip you take), and the reason(s) you are at risk of harm to yourself, or to others in this type of environment (what exactly causes the risk to yourself or others e.g. lack of hazard awareness).

#### **I struggle to plan or follow a journey.**

Please tick the box that most accurately describes how often you struggle to plan or follow a journey.

Please tick to indicate the type of journey you would struggle to plan or follow (unfamiliar journeys, or every journey).

#### **I find it difficult or impossible to control my actions and lack awareness of the impact they could have on others.**

Please tick the box that most accurately describes how often you are unable to control your actions, or lack awareness of your actions on others when you are completing a journey between a vehicle and your destination.

Please also give specific example(s) of the kind of incidents that have occurred, or are likely to occur during the course of a journey (e.g. this might be verbal or physical aggression, self-harm).

#### **I regularly have intense responses to overwhelming situations causing temporary loss of behavioural control.**

Please tick the box that most accurately describes how often you have an intense response(s) to overwhelming situations, which lead to a temporary loss of behavioral control.

Please also give examples of the situations that cause temporary loss of behavioural control (e.g. are there any known causes/triggers, or do they appear random). Please also provide information about the sorts of things that happen during the episode where you lose behavioural control.

**I can become extremely anxious or fearful of public/open spaces.**

Please tick the box that most accurately describes how often you become extremely anxious or fearful in public/open spaces.

Please also give examples of the level of anxiety or fear you experience in these situations or circumstances (e.g. describe any physical or non-physical reactions you might have in these situations).

**Something else**

Please give details of any other reasons (that have not been covered in the other questions in this section) that your disability causes you to severely struggle with journeys between a vehicle and your destination.

**3.2 How would a blue badge improve journeys between a vehicle and your destination?**

Please explain in detail why (with your specific needs) the use of a Blue Badge would improve journeys between a vehicle and your destination.

**3.3 What measures are currently taken to try to improve journeys for you between a vehicle and your destination?**

Please list the measures that are being taken to try to improve journeys for you in any of the areas of difficulty you have identified above. For example, any coping strategies you might use yourself, or are supported to use, or what level and nature of supervision you might have when you complete journeys. Please explain how effective measures you list are in helping you manage journeys. It is also helpful to explain any measures or strategies you have tried already that have not been effective.

**3.4 Medications**

Please provide details of any medication(s) you take on an ongoing basis to manage any medical condition(s) or disability that impact on your walking ability. This includes daily, weekly, monthly or and 'PRN' (as required) medications.

Please also provide the dosage and how frequently you take the listed medication(s).

**3.5 Health Care Professionals**

Please give details of any healthcare or associated professionals involved in the treatment and/or management of your disability. Examples of these professionals are; Clinical Psychologists, Educational Psychologists, Gastroenterologists, Neurologists, Occupational Therapists, Physiotherapists, Psychiatrists, Rheumatologists, Social Workers.

We will not contact these individuals unless we need to, and will contact only if you have confirmed consent in the relevant application declaration.

Please submit supporting evidence you have available with your application where possible, as this will assist us to make eligibility decisions as efficiently as possible.

**Section 4 – Questions for 'subject to further assessment' applicants with disabilities in both arms**

Section 4 is for applicants over the age of two who have a severe disability in both arms. You will need to show that you drive a vehicle regularly, that you have a severe disability in both arms and that you are unable to operate, or have considerable difficulty operating, all or some types of on-street parking equipment. You will need to satisfy all three conditions above in order to obtain a badge. Local authorities may make arrangements to meet applicants applying under this criterion.

## Section 5 – Questions for ‘subject to further assessment’ applicants under the age of three

Section 5 covers

- children under three years of age who have a medical condition which means that they must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty; or
- children under three years of age who have a medical condition which means that they need to be kept near a vehicle at all times, either for treatment, or for transportation to a location where treatment can be performed.

A parent or guardian must apply on behalf of a child under the age of three.

The list of bulky medical equipment referred to above may include:

- ventilators;
- suction machines;
- feed pumps;
- parenteral equipment;
- syringe drivers;
- oxygen administration equipment;
- continuous oxygen saturation monitoring equipment; and
- casts and associated medical equipment for the correction of hip dysplasia.

A local authority may issue a badge if the equipment is always needed and cannot be carried without great difficulty.

Examples of highly unstable medical conditions that mean children who have them may need quick access to transport to hospital or home are:

- tracheostomies;
- severe epilepsy/fitting;
- highly unstable diabetes; and
- terminal illnesses that prevent children from spending any more than brief moments outside and who need a quick route home.

Please note that the above lists are not exhaustive, to allow for new advances in technology and treatment equipment.

## Section 6 – further information, declarations and signatures

This section should be used to add any further relevant information that has not already been covered elsewhere in the application form.

Mandatory declarations apply to all applicants, since they underpin the terms of applying for a Blue Badge. Please take the time to read and understand these declarations. In order to speed up your application and improve the service you receive from your local authority. You will be providing specific consent to your authority to allow them to share information about you with relevant departments and service providers within the authority.

All applicants must sign and date the form prior to submitting it.

A local authority may refuse to issue a badge if they have reason to believe that the applicant is not who they claim to be or that the badge would be used by someone other than the person to whom it has been issued.

All applicants must include payment with the application.

**Information in other formats** If this information is difficult to understand, we can provide it in another format, for example, in large print, on audio tape, easy read, or in another language. Please contact the Interpreting and Translation Unit on 01926 410410.