

Hertfordshire County Council Adult Care Services

The Blue Badge Scheme of Parking Concessions for Disabled and Blind Application Form

Affix
Passport
Photo
here.

No staples or
sticky-tape on the front
of the photo please.

Please as appropriate

A Full Name of Applicant

First Name(s): _____ Surname: _____ Mr/Mrs/Miss/Ms

Address _____ Date of Birth _____

_____ / ____ / ____

Postcode: _____ Tel: _____

B Please complete this part if you already have a Blue Badge.

1. What is your Blue Badge number: _____

2. Was your Blue Badge issued by Hertfordshire County Council? Yes No

3. If your Blue Badge was issued by another Authority please state the name of the issuing Authority here: _____

Please give the expiry date of current badge: _____

C 1. Are you registered blind under the National Assistance Act 1948? Yes No

Do not tick if you are registered Partially Sighted

If **YES** with which Authority are you registered?

Please enter your registration number: _____

Office use only

IRIS Number: _____

DKA: _____



C *continued*

2. Do you receive the Higher Rate Mobility component of the Disability Living Allowance?

Yes

No

(**NOT** Care Component or Attendance Allowance).

If **YES**, please supply evidence confirming award of the allowance. Acceptable evidence must be a photocopy of one of the following documents:

- Official award letter from Department of Work and Pensions (DWP), which states the end date of the award. (see separate notes enclosed)
- Vehicle Excise Duty Exemption Certificate.
- Motability Finance agreement.

Please see the additional notes accompanying this application for further information. All documents supplied **MUST** be photocopies, **NO** originals. Please ensure all documents are no more than 18 months old and show your current address.

3. Do you receive War Pensioners' Mobility Supplement?

Yes

No

If **YES**, please supply evidence (e.g. an official letter confirming an award of War Pensioners' Mobility Supplement).

Important Notes – Please read before completing parts D & E

If you have answered NO to all questions in part C you will only qualify for a Blue Badge if you or the person you are applying for:

- Is over two years of age and has a severe disability affecting both arms, drives regularly and cannot use or finds it hard to use parking meters;
- Is over two years of age and is unable to walk or has a considerable difficulty walking due to a permanent and substantial disability;
- Is a child under the age of two who has a medical condition requiring bulky medical equipment or immediate access to a vehicle for treatment.

The intention of the scheme is that only very severely disabled people will qualify under these conditions. People with **TEMPORARY DISABILITIES** such as a broken leg will **NOT** qualify for a Blue Badge.

D Complete this part only if you regularly drive an adapted or non adapted vehicle and have a severe disability in **both arms** that makes it difficult for you to operate all or some types of parking meter.

1. Please explain the nature of your disability and the difficulties you have operating parking meters.

E

Complete this part only if you consider that you have a permanent and substantial disability that causes inability to walk or very considerable difficulty in walking.

1. Please give a brief history of your medical condition.

2. What treatment are you receiving or expect to receive for the conditions outlined above.

3. Please tick the box to show the difficulties you have when walking on **FLAT GROUND**.

■ Walking causes severe pain. Yes

■ In which part of the body do you feel the pain?

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■ How does the pain affect your mobility?

■ I am tired after walking a short distance. Yes

■ I get out-of-breath after walking a short distance. Yes

■ I need guidance and supervision when walking out-of-doors because of mental or physical disability. Yes

4. Please tick if you use any of the following to help with your mobility out of doors.

Walking Stick

Crutches

Companion Support

Walking Frame

Wheelchair

Is your wheelchair provided by NHS?

F Are you applying on behalf of a child aged under two years who:

Has a condition requiring transportation of bulky medical equipment? If yes, please state the type of equipment below:

Please indicate clearly by ticking the relevant box.

Has a condition that requires they must be kept near a motor vehicle at all times to be treated for that condition?

Please indicate clearly by ticking the relevant box.

Please describe the child's medical condition

It would be useful if you could provide a supporting letter from your child's paediatrician giving details of the child's medical condition and the equipment needed or provide contact details in section G below.

G Following the assessment it may be necessary for us to contact your GP to gain additional information. Please indicate your consent below.

I AGREE to the information being requested from my GP.

Please indicate clearly by ticking the relevant box.

I DO NOT AGREE to information being requested from my GP.

What is the name of your GP?

Address:

Postcode:

H I declare to the best of my belief that all statements I have made on this form are true.

Name:

Signature:

I am the applicant:

I am the applicant's representative:

Date:

Relationship to applicant:

IMPORTANT: All applications must be accompanied by a passport photograph with your name clearly written on the back and a cheque or postal order for £2.00. (This is a non-refundable administration fee). Please make your cheque or postal order payable to Hertfordshire County Council.

Please send your application, photograph, cheque or postal order and photocopies of your evidence to: **Hertfordshire County Council, Blue Badge Section, P.O. BOX 153, Stevenage, SG1 2GH**

