

## **NORTH LINCOLNSHIRE COUNCIL**

### **ADULT SERVICES CABINET MEMBER**

#### **NEW BLUE BADGE SCHEME REGULATIONS**

##### **1. OBJECT AND KEY POINTS OF THIS REPORT**

- 1.1 To seek Cabinet Member approval of a new blue badge application form (please see appendix 1).
- 1.2 The key areas of this report are as follows:
  - 1.2.1 Department for Transport issued new scheme guidance in October 2007 outlining the changes to the regulations.
  - 1.2.2 Eligibility to the blue badge scheme was extended to:
    - Children under the age of two in specific circumstances.
    - People with severe disability in both arms.
    - Allow badges to be issued for a period of less than three years.
  - 1.2.3 The blue badge design has been changed to prevent fraud.
  - 1.2.4 Regulations have been modernised.

##### **2. BACKGROUND INFORMATION**

- 2.1 Nationally there has been concern about the wrongful use of blue badges, but more concerning is the illegal trade in blue badges sometimes resulting in the issue of duplicate badges.
- 2.2 Certain groups of individuals were felt to be excluded from the benefits of a blue badge:-

- Children under the age of two due to specific medical conditions and need to travel with bulky medical equipment, or to be close to a vehicle for emergency medical treatment.
  - People with severe disabilities in both arms so that people who regularly drive a non-adapted vehicle but cannot operate, or have considerable difficulty in operating some types of parking meter (e.g. those with thalidomide disabilities).
  - People whose entitlement to qualifying benefits is less than three years.
- 2.3 The regulations have been modernised so that the scheme is no longer available to individuals with “blue trikes” as such vehicles are no longer in use. The regulations also change the name of the institutional badges to organisational badges.
- 2.4 There is opportunity to change the current application form to reflect self-assessment.
- 2.5 Blue badges have become a feature of the national fraud initiative whereby proof of identity and address are now required, along with national insurance numbers to enable nationwide checking. The proposed application form requests this information together with a declaration to be signed by the applicant allowing national fraud initiative checking.
- 2.6 There is an opportunity for authorities to determine their eligibility criteria for “organisational badges.” This would allow preference for individuals to use their own badge for personal use as well as organisational vehicles. The guidance indicates that “organisational badges” should not be issued unless twelve or more people in the organisation are eligible.

### **3. OPTIONS FOR CONSIDERATION**

#### **Option 1**

- 3.1 To approve the revised blue badge application form.

#### **Option 2**

- 3.2 To not approve the revised blue badge application form.

#### **4. ANALYSIS OF OPTIONS**

##### **Option 1**

4.1 Option 1 will meet the Government requirement to implement the changes in the Disabled Persons (Badges for Motor Vehicles) (England) (Amendment) Regulations 2007.

##### **Option 2**

4.2 Option 2 will fail to comply with the Government requirement.

#### **5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, INFORMATION TECHNOLOGY (IT))**

5.1 Financial – none.

5.2 Staffing - Staff to encourage user feedback within normal job outlines.

5.3 Property – none.

5.4 IT – Maintenance of records for the national fraud initiatives will be in line with the Data Protection Act.

#### **6. OTHER IMPLICATIONS (STATUTORY, ENVIRONMENTAL, DIVERSITY, SECTION 17 – CRIME AND DISORDER, RISK AND OTHER)**

6.1 Statutory implications – Required to implement the Disabled Persons (Badges for Motor Vehicles) (England) (Amendment) Regulations 2007.

6.2 Environmental implications – none.

6.3 Diversity implications – widens eligibility to previously excluded individuals.

6.4 Section 17 – Crime & Disorder Implications – none.

6.5 Risk & other implications – none.

#### **7. OUTCOMES OF CONSULTATION**

7.1 This is a Government statutory requirement and North Lincolnshire Council has not undertaken any further consultation.

7.2 Trades Unions have been consulted and have raised no objections.

## 8. RECOMMENDATIONS

- 8.1 That the Cabinet Member notes the implications of the Disabled Persons (Badges for Motor Vehicles) (England) (Amendments) Regulations 2007.
- 8.2 That the Cabinet Member approves the new blue badge application form, that meets the requirements.

### HEAD OF ADULT SOCIAL CARE SERVICES

The Angel  
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DN20 8LD

Date: 25 March 2009 v3  
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#### **Background Papers Used in the Preparation of this Report:**

Department for Transport Circular 03/2007 'New Blue Badge Scheme Regulations'

Department for Transport 'The Blue Badge Scheme Local Authority Guide (England).'



## THE EUROPEAN BLUE PARKING SCHEME FOR DISABLED AND BLIND PEOPLE

<p style="text-align: center;">When completed please return this form to:</p> <p style="text-align: center;">Adult Social Care Ashby House Brumby Resource Centre East Common Lane, Scunthorpe North Lincolnshire DN16 1QQ</p>	<p style="text-align: center;">Telephone Enquiries on 01724 297979</p> <p style="text-align: center;">(Mon to Thurs 8.30 a.m. to 5.00 p.m. Fri 8.30 a.m. to 4.30 p.m.)</p>
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### APPLICATION FORM

#### **SECTION A – Personal Details**

Mr/Mrs/Miss/Ms		Male/Female	
Surname			
Forenames			
Address (Including postcode)			
Previous Address (If different in the last 3 years)			
Telephone No.		Date of Birth	
National Insurance No.			

Ethnic Details (Please tick one)	White British		Mixed White/ Asian		Black/Brit - African	
	White Irish		Mixed - Other		Black/Brit – Other	
	White Other		Asian/Brit - Indian		Chinese	
	Traveller of Irish Heritage		Asian/Brit – Pakistani		Other Ethnic Group	
	Gypsy/Romany		Asian/Brit – Bangladeshi		Refused	
	Mixed White/Black - Caribbean		Asian/Brit – Other Asian		Information not yet obtained	
	Mixed White/Black - African		Black/Brit - Caribbean		Declined to say	
Do you have a current Blue Badge  Yes/No	Badge Serial Number			Badge Expiry Date		

## **SECTION B – Automatic Qualification**

You will automatically qualify if you meet any of the following criteria. Please tick the box that applies to you.

<b>1. Are you registered as Blind under the National Assistance Act 1948?</b>			
Yes		No	
If yes, please state which Authority you are registered with			
<b>2. Higher Rate mobility component of Disability Living Allowance</b> Do you receive Disability Living Allowance at the <u>Higher Rate</u> for <u>Mobility</u> ?			
Yes		No	
If yes, please provide a copy of the official letter confirming an award of the allowance. <b>Please note that a badge will only be issued for a maximum of three years <u>or</u> to the date when your award runs out, whichever is the earlier.</b>			
<b>3. War Pensioners' Mobility Supplement</b> Do you receive War Pensioners' Mobility Supplement?			
Yes		No	
If yes, please provide a copy of your official letter confirming award of War Pensioners' Mobility Supplement. <b>Please note that a badge will only be issued for a maximum of three years <u>or</u> to the date when your award runs out, whichever is the earlier.</b>			

If you have answered YES to any question in Section B please go to Section D and do not complete Section C.

If you have answered NO to all questions in Section B please complete Section C.

**SECTION C – Discretionary Qualification – Subject to Further Assessment**

**Section C Notes – Please read before completing**

You will only qualify for a badge if you or the person on whose behalf you are applying:

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

**1. Severe Disability in both arms**

Do you satisfy all of the following?

❖ Drive regularly	Yes	No
❖ Have a severe disability in both arms	Yes	No
❖ Unable to operate or have considerable difficulty operating all or some types of parking meter	Yes	No

Please describe your medical condition:

If you drive a specially adapted car, please give details of adaptation.

Please explain any difficulties you have operating parking meters and Pay and Display machines

**2. Unable to walk or experience considerable difficulty in walking due to a permanent and substantial disability**

❖	Do you have difficulty walking?	Yes	No
❖	Do you have physical problems that restrict your walking?	Yes	No

If Yes please give details below:

❖ How far can you walk (including any short breaks) before you feel severe discomfort?  
**Severe discomforts are things like shortness of breath, muscle spasms, pain or extreme tiredness.**  
Answer in metres please.

❖ How long would it usually take you to walk this far?  
Answer in minutes please.

❖ How many minutes can you walk for before you feel severe discomfort?  
Answer in minutes please.

❖ Please indicate which of the following best describes your walking speed		
Normal or Moderate		Over 51 metres in a minute
Slow		Between 40 and 50 metres in a minute
Very Slow		Less than 40 metres in a minute



❖ Please indicate which of the following best indicates the way you walk.			
Normal			
Adequate		For example you walk with a slight limp	
Poor		For example, you walk with a heavy limp, a stiff leg or shuffle, or have problems with balance	
Extremely Poor		For example, you drag your leg, stagger, use swing through crutches or need physical support	
If none of the above describes the way you walk, tell us how you walk in your own words.			
❖ Please indicate below which walking aids you use.			
Wheelchair –manual		Crutches	
Wheelchair –powered		Swing through two crutches	
Walking stick		Artificial limb	
Walking frame			
How often do you use your walking aid(s)?			
❖ Have you had any adaptations to your property to aid your mobility?			

❖ Please supply the name and address of your G.P.			
Name of G.P.			
Name of Surgery.			
Surgery Address.			
Surgery Telephone No.			
❖ Apart from your G.P. in the last 12 months, have you seen anyone in connection with the illness/disability that affects your mobility?  For example a hospital doctor or consultant, district nurse, occupational therapist, physiotherapist or other health professional.			
		Yes	No
Please supply their details below.			
Title (Mr, Mrs, Miss, Ms, Dr. etc)		Name	
Their specialist area.			
The address where you see them.			
Their Telephone No.			
Which of your illnesses or disabilities do you see them for?			
❖ How often do you see them?			

❖ Please list any medications, which you are prescribed for your disability.

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**3. Children under two years of age.**

❖ Does the child have a condition requiring the transportation of bulky medical equipment at all times?

	Yes	No
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❖ What type of bulky equipment is transported?

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**And/or**

❖ Does the child have a condition which requires that they must be kept near a motor vehicle at all times in order to be treated for that condition in the vehicle, or to allow the child to be taken immediately to a place where they can be treated?

	Yes	No
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❖ Please describe the child's medical condition.

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❖ Please provide details of the child's medical consultant.	
Name	
Address	
It would be useful if you could provide a supporting letter from the child's medical consultant, detailing your child's medical condition and equipment used.	
❖ What is your relationship to the child?	

**Section D** – to be completed by all applicants (or someone with parental responsibility if the applicant is a child)

<b>Declaration</b>	
	Please Tick
If my application is approved I am able to provide 2 photographs. Photographs to be signed on the back by the applicant (or someone with parental responsibility if the applicant is a child).	
I understand that if my application is approved there is a fee of £2 payable in advance of receiving the badge.	
I acknowledge and accept that this application will form a computer record, which the Council will hold. The information provided will be disclosed only as allowed by the Data Protection Act.	
I understand that this authority has a duty to protect public funds and may use the information I have provided on this form for the prevention and detection of fraud, and in doing so may share this information with other bodies responsible for auditing or administering public funds.	
I declare that to the best of my belief all the statements I have made on this form are true and I agree to the local authority contacting my family doctor, or other health professional, for the purpose of obtaining information to support my application.	

<b>Signed</b>		<b>Date</b>	
<b>2<sup>nd</sup> Signature required for the badge.</b>			

## All Applicants

**All applicants will need to provide:**

### **Proof of Address**

Please supply a copy of one of the following as proof that you live in the Council area

**Utility Bill**

**Rent Book**

**Council  
Tax Bill**

### **Proof of Identity**

Please supply a copy of one of the following as proof of your identity

**Birth/Adoption  
Certificate**

**Valid Driving  
Licence**

**Medical Card**

**Passport**

**Official Use Only**

**To be completed by Assessing Officer**

To be allocated a badge	
	Yes
	No
<b>Reason for Refusal (Please tick appropriate reason)</b>	
	It has not been possible to confirm that you are registered as Blind.
	It has not been possible to confirm that you are in receipt of the Higher Rate Mobility Component of the Disability Living Allowance <b>or</b> that you are in receipt of the War Pensioner's Mobility Supplement.
	It has not been possible to confirm that you drive a motor vehicle regularly, have a severe disability in both arms and are unable to operate, or have considerable difficulty in operating all or some types of parking meter.
	You are not considered to be permanently and substantially disabled to a degree, which prevents you from walking or very considerable difficulty when walking.
	If under 2 years of age it has not been possible to confirm that you, on account of a medical condition, must always be accompanied by bulky medical equipment which cannot be carried around with you without great difficulty, or that you must be kept near to a motor vehicle so that treatment for your condition can be given in the vehicle or you may be taken quickly in the vehicle to a place where your condition can be treated.

Name of Assessing Officer..... Date.....

**To be completed by Operational Support Staff**

Serial Number of Badge Issued	
Date Badge Issued	
Date Badge Due for Renewal	
Receipt Number for fee	
Administrative/Carefirst records completed	