

Mental Disorder / Cognitive Impairment Extension – 12 Month Pilot Scheme

To be eligible for a Blue Badge under this policy, the applicant must;

“as a result of a diagnosed mental disorder or cognitive impairment, have no awareness of danger from traffic and is likely to compromise their safety, or the safety of others.”

There are two ways to determine eligibility;

1. You will qualify for a Blue Badge without further assessment if you or the person on whose behalf you are applying are aged three years or over and:-

a) have a diagnosed mental disorder or cognitive impairment and can provide a letter that confirms this diagnosis **and**

b) is in receipt of either

(i) the **higher** rate of the care component of Disability Living Allowance (DLA)

(ii) the **higher** rate of Attendance Allowance (AA)

(iii) has been awarded at least **twelve** points in respect of activity 7 (communicating verbally), activity 8 (reading and understanding signs, symbols and words) and activity 9 (engaging with other people face to face) of the Personal Independence Payment (PIP) *****Please note that points can be accumulated from each of these activities*****

and

c) a healthcare professional (excluding a GP) or a registered social worker can confirm that the applicant meets the definition by completing the questionnaire in Section 3 of this application form.

2. You may qualify for a Blue Badge following an assessment by the local authority if you or the person on whose behalf you are applying are aged three years or over and

a) have a diagnosed mental disorder or cognitive impairment and can provide a letter that confirms this diagnosis **and**

b) is in receipt of either

(i) the **middle** rate of the care component of Disability Living Allowance (DLA)

(ii) the **lower** rate of Attendance Allowance (AA)

(iii) has been awarded at least **eight** points in respect of activity 7 (communicating verbally), activity 8 (reading and understanding signs, symbols and words) and activity 9 (engaging with other people face to face) of the Personal Independence Payment (PIP) *****Please note that points can be accumulated from each of these activities*****

and

c) a healthcare professional (excluding a GP) or a registered social worker can confirm that the applicant meets the definition by completing the questionnaire in Section 3 of this application form.



SOCIAL WORK SERVICES

Blue Badge Application Form

Mental Disorder//Cognitive Impairment Extension – (12 month period)

Section 1 – Information about the applicant

If you are completing the form on behalf of an applicant who is under 16 or who is unable to complete the form themselves, please provide their details in appropriate sections and sign the form on their behalf.

Please refer to guidance notes on page 11

Title (Mr, Mrs, Miss, Ms, other):

First names (in full – maximum of 20 characters):

Surname (maximum of 20 characters)

Surname at birth (maximum of 20 characters)

Gender: Male Female

Date of Birth (DD/MM/YYYY): / /

Town:

Place of Birth: Country:

National Insurance Number (16 and over)

or

NHS number (for under 16s):

School name and address: (for under 16s only)

Current address and contact details:

Address:

Town:

Postcode:

Home Tel: (including code)

Mobile Tel:

Email:

Previous address, if different in the last three years:

Address:

Town:

Postcode:

Do you currently hold a Blue Badge, or have you held a Blue Badge before? Yes: No:

If you have:

Which local authority issued you with the last badge?

What is the serial number on the last badge?

What is the expiry date of the last badge?

Please nominate below three vehicle registration numbers for the main cars in which you intend to use the Blue Badge:

.....

Proof of your address:

We need to check that you are a resident in this local authority area before we can process your application. Please select one of the following options and provide **original documentation** where relevant: (if any evidence is in joint names, this is acceptable so long as the applicant's name is detailed)

- Either:** I have enclosed a bank statement, utility bill or Registered Landlord letter, bearing my name and address, and dated within the last 3 months
- Or:** I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months.
- Or:** I do not pay Council Tax, am over the age of 16 but have enclosed a letter from the Assessor & Electoral Registration Office bearing my name and address and dated within the last 12 months
- Or:** I am applying on behalf of an applicant who does not pay Council Tax and is under the age of 16. I have enclosed a letter from a health care professional/or School bearing the applicant's name and address

Proof of your identity:

We need to check your identity to reduce the potential for fraudulent applications for a Blue Badge. You must attach a certified photocopy of **one** of the following as proof of your identity: (see guidance notes attached)

- Birth certificate / adoption certificate
- Marriage / Divorce certificate
- Passport
- Civil Partnership / Dissolution certificate
- Valid driving licence

Do not send original of any of these documents as it will not be returned

Photographs:

Please enclose a recent passport-style photograph of the applicant (within the last 6-months). The photograph needs to show the applicant's full face so that the holder can be easily identified. No one else should be in the photograph. The photograph will be placed on the back of the badge and will not be visible when the badge is being displayed in the vehicle.

Please ensure that the applicant's name is on the back of the photograph and that you complete Section 4 of this form to confirm that the photograph is a true likeness.

Section 2 – Qualifying Criteria
(all applicants must complete all parts of this section)

Please refer to guidance notes on Page 12

Part 1: -

Please provide a letter(s) from a relevant healthcare professional (excluding your GP) which clearly confirms the “mental disorder” that you have been diagnosed with.

Mental health disorder:-

Name, address and telephone number of the healthcare professional:-

Part 2: -

Please confirm which qualifying benefit you are currently in receipt of by circling one of the following:

- a) Higher rate of the care component of Disability Living Allowance (DLA)
- b) Middle rate of the care component of Disability Living Allowance (DLA)
- c) Higher rate of Attendance Allowance (AA)
- d) Lower rate of Attendance Allowance (AA)
- e) Personal Independence Payment (PIP) at 12 points in respect of activities Section 7 (communicating verbally), Section 8 (reading and understanding signs, symbols and words) and Section 9 (engaging with other people face to face)
- f) Personal Independence Payment (PIP) at 8 points in respect of activities Section 7 (communicating verbally), Section 8 (reading and understanding signs, symbols and words) and Section 9 (engaging with other people face to face)

Part 3: -

Please advise the date the benefit (as indicated above) was awarded and include the original letter of entitlement within the last 12 months in your application as supporting evidence.

Part 4 a): -

Please describe any courses of treatment you have undergone or specialist clinics you have attended in relation to your medical condition / disability you have mentioned in Part 1.

Part 4 b): -

What medication do you currently take in relation to the conditions / disabilities you described in Part 1?

Section 3 – Qualifying Questionnaire

(to be completed in support of the application by a registered healthcare professional (excluding a General Practitioner) with whom the applicant is or has been registered or a registered social worker on behalf of the applicant.)

Please refer to guidance notes on Page 13

In order to be eligible without further assessment for a Blue Badge, you must have seen the applicant within the last 12 months and consider whether the applicant has:

“No awareness of danger from traffic and is likely to compromise their safety, or the safety of others.”

To help you make a decision you should consider and answer the following questions below, providing examples to support your answer, before signing this section.

1. Can the applicant follow the route of a familiar journey on their own safely?

Yes / No / Sometimes. Please provide an example to support your answer

2. Can the applicant follow basic instructions such as “slow down, stay here and stop”?

Yes / No / Sometimes. Please provide an example to support your answer

3. Is the applicant aware of the danger from traffic when crossing a road?

Yes / No / Sometimes. Please provide an example to support your answer

4. Does the applicant require continual supervision from a carer when travelling in the community?

Yes / No / Sometimes. Please provide an example to support your answer

5. Can the applicant deal with unexpected changes in their journey?

Yes / No / Sometimes. Please provide an example to support your answer

6. Does the applicant wander off when exiting a vehicle, causing danger to themselves and others?

Yes / No / Sometimes. Please provide an example to support your answer

7. If the applicant is a child aged 3 or above, has an NHS buggy been provided?

Yes / No / Not Applicable

8. Please document how you believe a badge would keep the applicant safe and what coping mechanisms are currently in place when planning and undertaking journey's in the community?

9. Having seen the applicant within the last 12 months and answered all questions above, in your professional opinion, does the applicant have "*No awareness of danger from traffic and is likely to compromise their safety, or the safety of others*"

Please circle: Yes / No

Name:.....

Signature:.....

Organisation and Job Title:.....

Telephone Number.....

**Section 4 - Declarations and signatures
(To be completed by all applicants)**

Mandatory declarations about the information you have provided and the application process

Please read the following declarations thoroughly.

Please confirm that you have read and understood each declaration by signing the box at the end of this section. Not doing so may mean we are unable to issue you with a Blue Badge. Providing fraudulent information may result in prosecution and a fine.

All documents relating to this application will be dealt with in line with the Data Protection Act 1998 and may be shared within the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud. Any medical information that you have supplied to support this application is deemed, under the Data Protection Act, to be "sensitive personal data" and will only be disclosed to third parties as necessary for the operation and administration of the blue badge scheme, and to other Government Departments or agencies, to validate proof of entitlement or as otherwise required by law.

Declarations

I confirm that, as far as I know, the details I have provided are complete and accurate. I realise that you may take action against me if I have provided false information in the application form

I understand that I must promptly inform my local authority of any changes that may affect my entitlement to a badge.

I confirm that the photograph I have submitted with my application is a true likeness.

I understand that, if my application is successful, I must not allow any other person to use the badge for their benefit and that I must only use the badge in accordance with the rules of the scheme as set out in the "Blue Badge Scheme in Scotland: Rights and Responsibilities of a Blue Badge holder" leaflet which will be sent to me with the badge.

I understand that I must not hold more than one valid Blue Badge at a time.

I understand that the local authority may need to contact an accredited healthcare professional for the purpose of obtaining further information in support of my application. In relation to children, the local authority may need to contact the child's school.

I understand that I may be required to undertake a face to face assessment with a healthcare professional who is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge.

I consent to the local authority and/or assessor checking any information already held by the local authorities Social Services department on the basis that, it can help determine my eligibility for a Blue Badge, it may speed up the processing of my application and it may enable a decision to be made without the need for an assessment.

I agree to the disclosure of the information included in this form to other local authority departments/service providers so that I can be informed about other local authority services that may be of benefit to me.

Your signature:.....

Date of application:.....

Please print your name here.....

If you are unable to sign the form and a guardian or Power of Attorney is signing the form on your behalf, please ensure that the section below is completed;

Signature of guardian or Power of Attorney:.....

Date of application:.....

Please print name here.....

As part of the evaluation of this pilot to extend eligibility, Transport Scotland officials will be seeking to gather feedback on the overall application process via focus groups, discussing what went well and not so well. Please indicate by circling the appropriate statement as to whether you would be interested in taking part.

Yes, I would like to take part

No, I would not like to take part

To be completed by the local authority only

Application decision

Award: -

Decline: -

Signed: Date:

Application Form - Guidance notes

Section 1 - Information about the applicant

This section should be filled in by all individual applicants for a Blue Badge, all fields should be filled in.

If you are applying for a Blue Badge on behalf of someone under the age of 16, as they will not have a National Insurance Number, you should provide their NHS number. When you register your child with a GP practice, you are given a medical card. The NHS number is printed on the card, each NHS number is made up of 10 digits shown in a 3-3-4 format, usually as follows 943/476/5919.

Please note that the "first names", "surname" and "surname at birth" fields can only hold up to 20 characters due to badge printing restrictions.

Proof of identity and address

Identity

A certified photocopy of one of the following must be submitted with your application, your birth/adoption certificate, marriage/divorce certificate, civil partnership/dissolution certificate or passport. A certified photocopy is a photocopy of a document that has been verified as being true by a person, other than your partner or family member, who has known you for a minimum of two years and is 18 years or over.

The individual certifying the documents should include the text: "*This copy is a true likeness of the original*" alongside their signature. They should also print their name and occupation alongside this information.

Address

See page 3 for acceptable proofs of address.

Vehicles

Please note that you can use a Blue Badge in cars other than those you nominated on the application form. The vehicle registration information helps local authorities with their enforcement of the Blue Badge Scheme.

Section 2 – Qualifying Criteria

Please note that the term “mental disorder” is defined in the Mental Health (Care and Treatment) (Scotland) Act 2003 and incorporates people with a mental illness, personality disorder or learning disability.

The following guidance relates to the PIP criteria

Communicating verbally.

- a. Can express and understand verbal information unaided. **0 points.**
- b. Needs to use an aid or appliance to be able to speak or hear. **2 points.**
- c. Needs communication support to be able to express or understand complex verbal information. **4 points.**
- d. Needs communication support to be able to express or understand basic verbal information. **8 points.**
- e. Cannot express or understand verbal information at all even with communication support. **12 points.**

Reading and understanding signs, symbols and words.

- a. Can read and understand basic and complex written information either unaided or using spectacles or contact lenses. **0 points.**
- b. Needs to use an aid or appliance, other than spectacles or contact lenses, to be able to read or understand either basic or complex written information. **2 points.**
- c. Needs prompting to be able to read or understand complex written information. **2 points.**
- d. Needs prompting to be able to read or understand basic written information. **4 points.**
- e. Cannot read or understand signs, symbols or words at all. **8 points.**

Engaging with other people face to face.

- a. Can engage with other people unaided. **0 points.**
- b. Needs prompting to be able to engage with other people. **2 points.**
- c. Needs social support to be able to engage with other people. **4 points.**
- d. Cannot engage with other people due to such engagement causing either –
 - (i) overwhelming psychological distress to the claimant; or
 - (ii) the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person. **8 points.**

*****Please note that for both (e) and (f) of part 2 in Section 2, these points are cumulative*****

Should you need to seek clarification relating to the benefits you currently receive, or to request that a specific letter is reissued, please contact the **disability benefits helpline on;**

0345 712 3456 (if you were born after 8 April 1948)

0345 605 6055 (if you were born on or before 8 April 1948)

Section 3 – Qualifying Questionnaire

Registered healthcare professionals that can complete Section 3 are listed below

Professional Regulator	Occupations/qualifications
General Medical Council	Medical doctor with current licence to practise (excluding a General Practitioner)
Health and Care Professions Council	arts therapist, occupational therapist, practitioner psychologist, speech and language therapist
Nursing and Midwifery Council	SPMH: Specialist practitioner: Mental health nursing SPLD: Specialist practitioner: Learning disability nursing SCMH: Specialist practitioner: Community Mental Health nursing SCLD: Specialist practitioner: Community Learning Disabilities nursing

Registered Social Workers that can complete Section 3 are individuals who hold an entitling qualification in social work and are registered with the Scottish Social Services Council (SSSC).

Relevant registered social workers / healthcare professionals known to the applicant will need to complete this section.

Examples **must** be provided to all questions irrespective of the answer.

Section 4 – Declarations and signatures

Please ensure that the relevant part of section 4 is completed fully.

If you are completing the form on behalf of an applicant who is under 16 or who is unable to complete the form themselves, please provide their details in appropriate sections and sign the form on their behalf.

Checklist of documents you may need to enclose

Please ensure you have enclosed all of the relevant documents for the sections of this application form that you have completed. We have provided a checklist below to help remind you of what you may need to enclose.

Section 1 – Information about you

Proof of your address, dated within the last 3 months (Utility Bill/Bank Statement); or 12 months (Council Tax Bill)

A certified photocopy of proof of your identity

A passport style photograph of yourself (within last 6 months) with your name on the back.

An original letter of entitlement to the Higher or Middle Rate of the Care Component of Disability Living Allowance issued within the last 12 months.

An original letter of entitlement to the Higher or Lower Rate of Attendance Allowance issued within the last 12 months.

An original Personal Independence Payment decision letter issued within the last 12 months.

A letter confirming your diagnosed mental disorder or cognitive impairment