



WARRINGTON

Borough Council

Application for a Concessionary Bus Pass for Disabled People

Eligible without further assessment for Adults and Children

Important Notes

Please read before completing the form

Disabled Adults, Children and Young People who may be issued with a Disabled Bus pass without further assessment are those who fall within one or more of the following descriptions:

- **Is registered blind (severely sight impaired) or partially sighted**
- **Receives the Higher Rate of the Mobility Component of the Disability Living Allowance (the award letter must be dated within the last 12 months)**
- **Score 8 points or more of the “Moving Around” and/or “communicating verbally” activities of the Personal Independent Payment (the award letter must be dated within the last 12 months)**
- **Receives a War Pensioner's Mobility Supplement; or**
- **Has been both awarded a lump sum benefit at tariffs 1-8 of the Armed Forces Compensation scheme Compensation Scheme and certified as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking;**
- **Person of fare paying age who has been issued with a disabled persons' Blue Badge.**

If you are eligible for a Bus Pass, you must inform us as soon as possible if there are changes to your medical condition/benefit entitlement, as your eligibility for the pass may change

If you need help to complete the application form, please visit Contact Warrington

Please return your application and supporting evidence either by,

- email to: bluebadge@warrington.gov.uk
- in person to: Contact Warrington, 26-30 Horsemarket Street, Warrington WA1 1XL
(Opening Hours: Monday, Wednesday, Thursday and Friday 9am-5pm; Tuesday 9am- 4pm)
- post to: Contact Warrington, New Town House, Buttermarket Street, Warrington WA1 2NH

You are required to provide 1 passport size photograph, proof of identity and address, along with the appropriate medical evidence to support your application. The evidence requirement table is detailed on page 2.

Please do not send original documents to us by post (apart from your photograph); we will accept photocopies of documents requested. We cannot return photocopies but will destroy them securely once we have checked them.

Proof required for identity and address

Proof of Residence	Valid Driving Licence, DWP/Pensions letter, Council Tax Bill
Proof of Identity	Passport, driving licence, birth certificate, marriage certificate.
Proof of Eligibility	Please refer to the requirements below for details of acceptable documents.
1 passport size photograph	Must be recent (within 1 month) and of passport quality, showing a close up of the applicant's head and shoulders, without a hat, facing forwards looking directly at the camera on a plain white background.

Evidence requirement table

**Please provide the supporting evidence required for the category you are applying under.
If you don't supply supporting evidence, it may delay your application.**

Is blind or partially sighted
If you are registered as blind/partially sighted, you will need to provide your Vision Impairment card or give permission for us to check information already held with the social services department.
If in receipt of Higher Rate Mobility Component of Disability Living Allowance
Please provide a photocopy of a letter from the Department for Work and Pensions showing proof that you are entitled to this benefit. The letter must be dated within the last 12 months. Replacement award notice letters can be obtained by calling the DWP on: If you were born before 08 April 1948: 03456 056055 If you were born after 08 April 1948: 03457 123456 Text phone: 03457 224433
If in receipt of 8 points or more for the "moving around" and/or "communicating verbally" elements of Personal Independent Payment
Please provide a photocopy of your full PIP award letter from the Department for Work and Pensions showing proof that you are entitled to this benefit, it must show the period of your award and the points you receive . The letter must be dated within the last 12 months. We do not accept yearly update letters as proof of entitlement. Replacement award notice letters can be obtained by calling the DWP on: Telephone: 03458 503322 Text phone: 03457 224433
If in receipt of War Pensioner's Mobility Supplement
Please provide a copy of your award letter from the Service Personnel and Veterans Agency Replacement award notice letters can be obtained by calling the SPVA on: 08001 692277
If issued with a disabled persons' parking badge (Blue Badge)
Please show your parking badge or provide the first six digits of your badge number.



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FOR OFFICE USE ONLY

Date received		Proof of address	
CRM number		Proof of identity	

Section 1: Information about you (all applicants must fill in this section)

Title: (Mr, Mrs, Miss etc)		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
First names (in full):					
Surname:			Date of Birth		
Current Address					
Postcode			Telephone		
Email					
Permissions	To enable Warrington Borough Council to keep you updated about information and services that may be of benefit to you, we would like to keep you updated by text/email. Are you happy for us to do this? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Previous Address	(if different in the last 3 years)				
Do you hold a current Bus Pass?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Current Bus Pass number
Photograph: Dimensions: 45mm x 35mm	Must be recent (within 1 month) and of passport quality, showing a close up of the applicant's head and shoulders, without a hat, facing forwards looking directly at the camera on a plain white background. Please ensure that your name is on the back of the photograph and you have completed Section (3b) of the application form to confirm that the photograph is a true likeness. Alternatively, your photograph can be taken at Contact Warrington for a fee of £4.				

Section 2: Eligibility (all applicants must fill in this section)				
Please provide supporting documents for the criteria you are applying under as detailed on page 2				
2a) Are you registered blind or partially sighted?	Yes		No	
2b) Do you receive the <u>Higher Rate</u> Mobility Component of Disability Living Allowance?	Yes		No	
If yes , have you been awarded this benefit indefinitely?	Yes		No	
If no , when is your award of this benefit due to end?				
2c) Do you receive Personal Independence Payment with a score of 8 or more for moving around or communicating verbally ?	Yes		No	
If yes , have you been awarded this benefit for an ongoing period?	Yes		No	
If no , when is your award of this benefit due to end?				
What is your score for each category?				
Moving around: <input type="text"/> Communicating Verbally: <input type="text"/>				
Please provide a copy of a letter from the Department for Work and Pensions showing proof that you are entitled to this benefit, including details of your score. The letter must be dated within the last 12 months.				
2d) Do you receive the War Pensioner's Mobility Supplement?	Yes		No	
2e) Do you receive a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1 – 8 (inclusive) and have been certified by the SPVA as having a permanent and substantial disability which causes inability to walk or very considerable difficulty walking?	Yes		No	
2f) Do you currently have a disabled person's parking badge (Blue Badge)?	Yes		No	
Current Blue Badge number				

Section 3 – Further information, declarations and signatures.	
These questions are intended to be answered by <u>all</u> applicants for a Bus Pass. Please tick each box to show you have read, understand and agree with each declaration. Not ticking one of these declarations may mean we are unable to issue you with a Disabled Person's Bus Pass.	
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 this application form.	<input type="checkbox"/>
I confirm that the photographs I have submitted with my application are a true likeness.	<input type="checkbox"/>
I confirm that I do not currently hold a Bus Pass that has been issued by a different local authority.	<input type="checkbox"/>
I understand that I must promptly inform my local issuing authority of any changes that may affect my entitlement to a pass.	<input type="checkbox"/>
This Authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see the Fair Processing Level 2 notice on the Authority's website or contact: Simon Bleckly, Audit Manager, Resources and Strategic Commissioning, Warrington Borough Council. Direct Dial: 01925 442217, Fax: 01925 443320, Email: sbleckly@warrington.gov.uk Intranet site: http://wired/ACE/finance/Audit/audit_home.aspx Web: http://www.auditwarrington.co.uk	<input type="checkbox"/>
I understand that the medical information I have supplied to support this application is deemed to be "sensitive personal data" and I consent to its disclosure only to a third party who is responsible for the operation and administration of the Bus Pass scheme and other Government Departments or agencies, to validate proof of entitlement.	<input type="checkbox"/>

I agree to the local authority contacting an accredited healthcare professional if necessary, for the purpose of obtaining further information in support of my application.	
I understand that I may be required to undertake a mobility assessment with a healthcare professional who is independent of my existing care and treatment, in order to determine my eligibility for a Bus Pass.	
I agree that, if my application is successful, I will not allow any other person to use the bus pass for their benefit and I agree that I will use the bus pass in accordance with the rules of the scheme.	

3a) Optional declarations about the information you have provided and the application process

Please read and tick the following optional declarations that you consent to	<p>I consent to the local authority checking any information already held by the Council's Social Care department on the basis that:</p> <ul style="list-style-type: none"> • It can help determine my eligibility for a Bus Pass • It may speed up the processing of my application 	
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3b) Checklist of documents you may need to enclose

Information about you	Proof of your address, dated within the last 3 months (if you have not given consent for us to check Council Tax / Electoral Role / School records)	
	Proof of your award letter / eligibility information	
	A certified copy of proof of your identity	
	One passport-style photograph of you with your name on the back	

Signature – by signing the application form you agree to the declarations ticked in section 3

Your signature:	
Date of application:	
Please print your name here:	

If you have completed this on behalf of the applicant, please sign below

Your signature:	
Date of application:	
Please print your name here:	
Contact telephone number:	

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 - **In person to:** Contact Warrington, 26-30 Horsemarket Street, Warrington WA1 1XL.
- Please Note: Incomplete applications will be returned**