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| (Appendix B2)ACS Pro-Forma Questionnaire*Relating to the request for the provision of a disabled parking bay for the severely mobility impaired person detailed below.* |
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**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Exemption Criteria under which a disabled parking bay is sought: -**

1. *A disabled driver over the age of 65 who does not receive the mobility component but meets the 3rd and 4th criterion and whose disability restricts mobility beyond 20m.*
2. *A disabled passenger who meets all other required criteria, where the able-bodied driver, is their parent, guardian or other close relative or full-time carer and resides with them and where on a regular basis the disabled passenger may not be left alone in a safe area for any length of time whilst the vehicle is parked elsewhere. Please delete as appropriate.*

**Please complete the questionnaire below in order to enable Lancashire Highway Services to assess the suitability of the severely mobility impaired person.**

1. **Is the severely mobility impaired person known to Adult and Community Services? Yes/No**

**Additional Information**

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1. What date is the information regarding the individuals mobility being referenced? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Has Occupational Therapy or other worker undertaken an assessments of the severely mobility impaired person? Yes/No**

**Additional Information**

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1. **Is the Adult and Community Services team aware of any mobility apparatus being provided to the severely mobility impaired person? Yes/No**

**If so, please give details.**

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**5a. Can Adult and Community Services comment on the mobility constraints of the applicant as a result of a face to face assessment? Yes/No**

**5b. Can Adult and Community Services comment on the mobility constraints of the applicant as a result of information provided by the applicant or their representative? Yes/No**

1. **From the information available to Adult and Community Services is it their understanding that:**
* **the applicant cannot, either aided or unaided stand; or move more than one metre or the applicant is able to stand and then move more than one metre but no more than 20 metres either aided or unaided? Yes/No**

**Additional Information**

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1. **(*Please only complete if the questionnaire relates to exemption 2*) Do you consider that the applicant is able to be left unattended in a safe area for short period of time (this can be within the applicants' property)? If not Please explain what would happen in such a scenario.**

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**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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