

99107030080000, 99107030080000

Apply for state participation allowance for blind people

Heruntergeladen am 22.06.2025

<https://fimportal.de/xzufi-services/110725615/L100041>

Modul	Sachverhalt
Leistungsschlüssel	99107030080000, 99107030080000
Leistungsbezeichnung I	Apply for state participation allowance for blind people
Leistungsbezeichnung II	
Typisierung	4 - Land: Regelung
Quellredaktion	Brandenburg
Freigabestatus Katalog	unbestimmter Freigabestatus
Freigabestatus Bibliothek	unbestimmter Freigabestatus
Begriffe im Kontext	
Leistungstyp	Leistungsobjekt mit Verrichtung
Leistungsgruppierung	Sozialleistungen (107)
Verrichtungskennung	Gewährung (080)
SDG-Informationsbereich	
Lagen Portalverbund	Behinderung (1130300)
Einheitlicher Ansprechpartner	Nein

Modul	Sachverhalt
Fachlich freigegeben am	18.02.2025
Fachlich freigegeben durch	Ministry of Health and Social Affairs
Handlungsgrundlage	https://bravors.brandenburg.de/gesetze/ltteilhgg https://bravors.brandenburg.de/gesetze/ltteilhgg
Teaser	If you are blind or have a similarly severe visual impairment, you can receive financial support from the state participation allowance for blind people.
Volltext	<p>The benefit for blind people in the state of Brandenburg is called state participation allowance for blind people.</p> <p>Blind people receive a monthly state participation allowance depending on their age.</p> <p>It is a voluntary statutory benefit provided by the state. It is intended to compensate for additional financial expenses caused by blindness.</p> <p>You are eligible to apply if you are blind or have a comparably severe visual impairment.</p> <p>State participation allowance for blind people is paid from the age of 18 in the maximum amount of 425.00 euros per month. Before the age of 18, it amounts to a maximum of 212.50 euros per month (as of 01.07.2024).</p> <p>Blind residents in an inpatient facility regularly receive half of the state participation allowance.</p> <p>Certain benefits, in particular home care benefits from long-term care insurance, are offset in full or in part against the state participation allowance for blind people. In these cases, the state participation allowance would be reduced.</p>
Erforderliche Unterlagen	<ul style="list-style-type: none"> • Personal data with the addition of corresponding proof upon request (usually identity card or passport or residence permit) • Proof of blindness (at least one proof required): Specialist medical certificate of blindness Notification

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	<p>of the severely disabled person's pass with the "Bl" (blind) mark</p> <ul style="list-style-type: none"> • If applying for minors: Declaration of intent from the legal representative (if you are a legal guardian) • If assisted by a third party: Power of attorney (if you are asking a third party for help with the application) • In the case of guardianship: guardianship certificate (if you have a legally appointed guardian)
Voraussetzungen	You must have been determined to have the mark Bl (blind) by a procedure for determining disability (severely disabled person's pass).
Kosten	no application fees; expenses for medical certificates are to be borne by you
Verfahrensablauf	<ul style="list-style-type: none"> • You contact the local authority responsible and apply for the state participation allowance. • The authority will check your application and contact you if there are any queries or missing documents. • Once all the documents have been submitted, the authority will check your entitlement to state participation allowance. • After the review, you will receive a notice of approval or rejection.
Bearbeitungsdauer	A decision on the application will be made as quickly as possible. The processing time depends, among other things, on the completeness of the information and the submission of the evidence required for processing the application.
Frist	No deadlines need to be observed. However, it should be noted that the state participation allowance is paid from the first of the month in which the application is submitted at the earliest.
weiterführende Informationen	<p>You can find information about the state participation allowance for blind people for the most part on the various websites of the district or city responsible for you.</p> <p>https://www.bsvb.de/ https://www.dbsv.org/iv-blindengeld-blindenhilfe-sehb-ehindertengeld-taubblindengeld.html https://www.bsvb.de/ https://www.dbsv.org/iv-blindengeld-blindenhilfe-sehb</p>

Modul	Sachverhalt
	ehindertengeld-taubblindengeld.html
Hinweise	
Rechtsbehelf	
Kurztext	<ul style="list-style-type: none"> • full benefit title: Apply for state participation allowance for blind people • Blind people or people with a similarly severe visual impairment can apply for state participation allowance. • Free application • Benefit is independent of income and assets • The amount of the benefit depends on whether the beneficiary is in an inpatient facility or not and whether benefits are received that have a reducing effect on the state participation allowance for blind people (often applicable to care insurance benefits). • Competent authority: The district or independent city in the state of Brandenburg, depending on the place of residence of the applicant.
Ansprechpunkt	
Zuständige Stelle	Counties and independent cities
Formulare	
Ursprungsportal	Landesteilhabegeld für blinde Menschen beantragen, Apply for state participation allowance for blind people