



There are 2 parts to this form

Part A - To be completed by the person who is liable for Council Tax and named on the bill.

<u>Name:</u>
<u>Address:</u>
Council Tax reference number: (Found on the bill beginning with a '4')
<u>Contact details:</u>
Mobile
Landline.....
Email
Names and date of births of those aged over 18 who also live in the property?

Please provide the details below about the severely mentally impaired person.

Name of the severely mentally impaired person
Please provide evidence of the benefit award/entitlement start date with this application, <u>failure to do so may see your application refused or delayed.</u>
<u>Qualifying benefits</u> – please select the benefit that the SMI person receives or (qualifies for).
<p>Incapacity Benefit (short-term or long-term)</p> <p>Attendance Allowance (AA)</p> <p>Severe Disablement Allowance (SDA)</p> <p>The daily living component of Personal Independence Payment (PIP)</p> <p>The highest or middle-rate care component of Disability Living Allowance (DLA)</p> <p>An increase in Disablement Pension for constant attendance</p> <p>The disability element of Working Tax Credit</p> <p>Unemployability Supplement (abolished in 1987 but existing claimants remain entitled)</p> <p>Constant Attendance Allowance payable under the Industrial Injuries or War Pensions schemes</p> <p>Armed Forces Independence Payment (AFIP)</p> <p>Unemployability Allowance payable under the Industrial Injuries or War Pensions schemes</p> <p>The 'limited capability for work' or 'limited capability for work related elements' of Universal Credit</p> <p>Income Support or Income Based Jobseekers Allowance received by the SMI person or their partner, which includes a disability premium because of the SMI person's incapacity for work</p>
We may need to backdate any entitlement to a discount, please provide the date that benefit selected above started.
Please provide evidence of the benefit award/entitlement start date with this application, <u>failure to do so may see your application refused or delayed.</u>



Council Tax Discount Application – People that are Severely Mentally Impaired

Part B - To be completed by the Doctor or registered Medical Practitioner

CHARGING FOR THE CERTIFICATE

The General Medical Services Committee of the BMA has agreed that for the purpose of the Act, medical certificates should be issued without charge to the applicant or their representative. The regulations were amended to add the certificate to Schedule 9 of the NHS (General Medical Services) Regulations 1992 with effect from 1st April 1993.

Council Tax Severe Mental Impairment Doctors Certificate

Name of severely mentally impaired person	
Their address	
Date of birth	

Doctors and registered medical practitioners completing this form should read the below guidance first:

For Council Tax purposes a person is severely mentally impaired if he/she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent (Local Government Finance Act 1992). Including a severe mental impairment as a result of a degenerative brain disorder such as Alzheimer’s disease, other forms of dementia or a stroke.

The below should be completed by the doctor or registered medical practitioner:					
In my opinion the above-named person is suffering from a severe mental impairment for the purposes of the Local Government Finance Act 1992.	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No		
Yes	No				
I consider his/her condition to be permanent.	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No		
Yes	No				
He/she has been severely mentally impaired since (please state the exact date).	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td colspan="2">Date from</td> </tr> </table>	Yes	No	Date from	
Yes	No				
Date from					
Doctor's signature Date..... Doctors name Surgery name and address Surgery stamp (if applicable)					
<table border="1" style="width: 100%; height: 40px;"> <tr> <td></td> </tr> </table>					