

SEVERE MENTAL IMPAIRMENT DISCOUNT FORM

Please read the attached notes before filling this form in. Fill in this form using BLOCK CAPITALS and black ink.

PART 1 Applicant

This form should be completed in **BLOCK CAPITALS** and ink by the person who is liable to pay the Council Tax. Where the applicant is severely mentally impaired, the applicant's representative should read the notes which are attached to this form.

Council Tax Payment Reference Number:

Applicant's Name:.....

Address:

PART 2 The Severely Mentally Impaired Person's Details

The dwelling must be his/her sole/main residence

Name:

Address:

Date of Birth:

National Insurance No.
(N.B. Date of Birth and Nat. Ins. No. will only be used for identification purposes in connection with this application)

PART 3 How many residents of the property will be aged 18 or over by next April?

Is the dwelling only occupied by a person who is or by persons who are severely mentally impaired **YES/NO**

A Declaration on Benefit Entitlement

Please refer to the attached and enter below the benefit(s) the person named in Part 2 is entitled to.

.....
You should enclose evidence of the Benefit entitlement otherwise confirmation will be sought from the DSS

B Authorisation

I authorise you to seek on the applicant's behalf the certificate set out in Part 4 from the following medical practitioner*. I agree that the certificate should be returned direct to you as the Head of

You can hand this form in at any of our One Stop Shops, e-mail or post it to the address at the bottom of this form.

Revenues Service with a copy for transmission to me.

DOCTOR'S NAME:
DOCTOR'S SURGERY:
HOSPITAL ADDRESS:

SIGNATURE OF APPLICANT OR PERSON ACTING ON THE APPLICANT'S BEHALF
..... DATE:.....

FULL NAME:
RELATIONSHIP TO APPLICANT:
ADDRESS:

***This will normally be the applicant's general practitioner. Any certificate issued will be for use only in applying for a Council Tax Discount**

PART 4 TO BE COMPLETED BY REGISTERED MEDICAL PRACTITIONER

Please complete the certificate below stating whether the person named above is severely mentally impaired for Council Tax purposes. (see notes attached).

DOCTOR'S SURGERY:
HOSPITAL ADDRESS:

I certify that in my opinion the person named in **PART 2** IS IS NOT (tick appropriate box) suffering from severe mental impairment for the purpose of the Local Government Finance Act 1992 (as amended) and has been from

DOCTOR'S SIGNATURE:
DOCTOR'S FULL NAME:
(Block Capitals)
STATUS: DATE:



Severe Mental Impairment Discount Form

Notes

To the Applicant's Representative

You should complete parts A & B and return the form to the Head of Revenues and Benefits Service as soon as possible, together with evidence of the entitlement to Benefit (see notes below). Return all copies of the form and I will, in appropriate cases, seek confirmation of the applicant's medical condition in line with the authorisation in part B. The form should not be sent directly to the applicant's doctor. If there is anything further you wish to know, please contact me on 0151-233 3008 or visit one of our One Stop Shops. You can visit our One Stop Shops to hand in evidence/documents without an appointment or make an appointment to see a member of staff by calling 0151-233 3016. Liverpool City Council is registered under the Data Protection Act 1998 and any information supplied will only be used in accordance with registration under this Act.

Benefit Conditions

The person who is severely mentally impaired must be entitled to one of the following benefits:-

- a) Incapacity benefit
- b) An attendance allowance
- c) A severe disablement allowance
- d) Care component of a disability living allowance, payable at either the highest or middle rate
- e) An increase in the rate of disablement pension (where constant attendance is required).
- f) A disability working allowance
- g) An unemployability supplement
- h) A constant attendance allowance
- i) An unemployability allowance
- j) Income support where the applicable amount

If the person is of pensionable age and entitlement to any one of the benefits has ceased for that reason, then evidence of prior entitlement must be produced. If you are in any doubt concerning entitlement to benefit, you should contact the applicant's local D.S.S. Office.

To the Registered Medical Practitioner

For the purposes of this application, a person is severely mentally impaired if s/he has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

Please complete part 2 of this form and return the main copy and one other copy to the Head of Revenues and benefits Service. I will forward one copy to the applicant for his/her representative and retain the main copy for my own use. The third copy is for your own records. The certificate will only be used for Council Tax Discount.

I

of

hereby authorise and request that the City of Liverpool be provided with information concerning my entitlement to Benefits for the purposes of granting a discount/exemption from the Council Tax.

Signed Date