



Severely Mentally Impaired Application

Website: www.somerset.gov.uk/counciltax

Email: council.tax2@somerset.gov.uk

Direct Dial: 0300 123 2224

Persons Disregarded for Council Tax

The Severely Mentally Impaired

A person may be disregarded for the purpose of Council Tax if that person:

- Is severely mentally impaired; and
- Is in receipt of any of the benefits listed on the application form; and
- Is certified to be severely mentally impaired by a registered medical practitioner

If you consider that someone in your household satisfies the above, please complete and return the application.

However, where there are still two or more adults living in a property after disregarding and who are covered by the discount/disregard provision the full tax is payable and no application should be completed.

To help you when considering your application please complete the section below and return this letter with the application form. You will need to do this in respect of all applications for disregard affecting this property.

Part A – to be completed by the person claiming the Discount/Exemption

1. <u>About your household</u> (Please enter details of the person with severe mental impairment)	
Name:	
Address:	
Postcode:	
Date of Birth:	/ /

2. Please list all the people who live at the above address who are over 18.

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.....

3. I declare that the person named above is entitled to (please tick the appropriate boxes)

Invalidity Pension/Long-term Incapacity Benefit	<input type="checkbox"/>	Attendance Allowance/Constant Attendance Allowance	<input type="checkbox"/>
Severe Disablement Allowance	<input type="checkbox"/>	Unemployability Supplement/Allowance	<input type="checkbox"/>
Employment and Support Allowance (ESA)	<input type="checkbox"/>	Income Support with Disability Premium	<input type="checkbox"/>
Highest/Middle rate of Care Component of Disability Living Allowance	<input type="checkbox"/>	Increase in Disablement Pension (because constant attendance is needed)	<input type="checkbox"/>
Disabled Persons Tax Credit	<input type="checkbox"/>	Personal Independence Payment Daily Living Component (standard or enhanced)	<input type="checkbox"/>
Universal credit (limited capability for work/work-related activity element)	<input type="checkbox"/>		

Please give the date they started getting the benefit ticked above:

Please enclose proof, such as a copy of a letter from the DWP showing the start date of the award

4. Please give the name and address of the person's doctor (or registered medical practitioner)

.....

5. Do you give the doctor permission to complete the certificate in part B? Yes/No

Please sign, date and return to this office

I declare that the information I have given on the form is complete and accurate to the best of my knowledge.

Signature..... Date/...../.....

Please print your name

If you have signed on behalf of the mentally impaired person, please give your relationship to him/her and your own address:

Relationship

Your address

.....

WARNING – it is a criminal offence for a Council Taxpayer to give false information when making an application for discounts/exemptions.

We aim to always comply with the General Data Protection Regulation; if you would like to know how we process your personal information, please refer to the Privacy Notice at <https://www.somerset.gov.uk/privacy> Personal Data may be shared with other government organisations, other Local Authorities and other services within the Council

- to ensure the claim details are correct and you receive the correct discount/exemption/relief.
- to check the information, you have given
- to prevent or detect crime
- to protect public funds

To be completed by registered medical practitioner

Advice for medical practitioners

The department of Health letter PL/CO (93) 1 issued to all general medical practitioners in March 1993 states: “Doctors should note that the decision as to whether a person is severely mentally impaired is not consequent on any specific diagnosis. A person is severely mentally impaired if he has a severe impairment of intelligence and social functioning however caused which appears to be permanent. A decision about the presence of severe mental impairment will, in all cases, depend on the doctor’s clinical judgment as to whether the applicant meets these criteria.”

“If a doctor is uncertain whether an applicant’s intelligence and social functioning are such as to constitute severe mental impairment, he may wish to seek information and advice from appropriate medical colleagues or from colleagues in other professions, or from carers, who may be able to help with information based on their knowledge of the applicant. If, after such consultation, a doctor is still uncertain whether or not an applicant is severely mentally impaired, he or she should not sign the certificate.”

Certificate of registered medical practitioner			
I can confirm that in my opinion (patients name) suffers from a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.			
Doctor’s Name			
Doctor’s signature			
Practise Stamp			
Date of diagnosis			

To the doctor: Please return the principal copy of this form and retain the second copy for your records. The certificate is for use only in applying for the discount disregard in respect of Council Tax.

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