**Revenues Services**

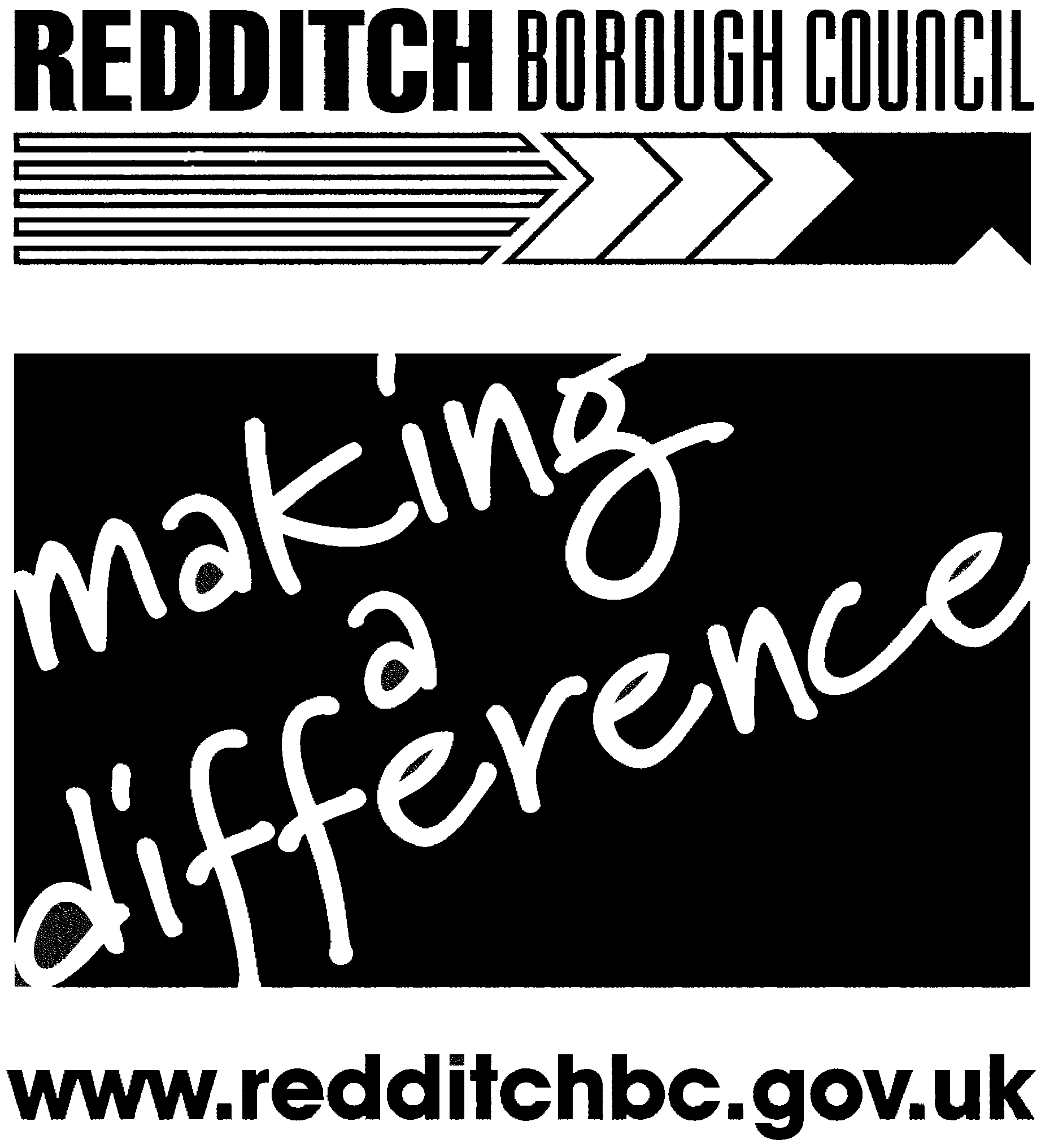
Town Hall

Walter Stranz Square

Redditch

B98 8AH

[counciltax@redditchbc.gov.uk](mailto:counciltax@redditchbc.gov.uk)



**Account Reference:**

**Date of Issue:**

**Severely Mentally Impaired Discount Application**

Anyone who is medically certified as being Severely Mentally Impaired (SMI) may be eligible for a council tax exemption or discount. This means that the person will have a permanent condition that severely affects their intellectual and social functioning.

Conditions that can lead to severe mental impairment include Alzheimer’s disease and other forms of dementia, Parkinson’s disease, severe learning difficulties or a stroke, but many others may apply. To be eligible, the person must be diagnosed as SMI by a doctor and must also be entitled to one of the benefits listed on this form (whether receiving them or not).

Level of reduction:

If you have been diagnosed as SMI by a doctor and you are living alone or only with others who are SMI, you will be exempt from paying council tax.

If you have been diagnosed as SMI by a doctor and you live with one adult who is eligible to pay council tax, your household will receive a 25% reduction.

If you have been diagnosed as SMI by a doctor and you live with 2 or more adults who are liable to pay council tax there will be no reduction.

Parts One, Two and Three of the application form should be completed by the applicant, or by a person acting on the applicant’s behalf. Part Four should then be completed by a registered medical practitioner, usually the applicant’s GP. The completed form along with your proof of entitlement to a qualifying benefit should then be returned to us so that a determination of entitlement to discount can be made.

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| --- | --- |
| **Part One – Applicant’s Declaration** | |
| By signing this declaration you are confirming that the information that you will provide in parts two and three is correct and authorise the council to contact your nominated medical practitioner or any other agencies to confirm the details provided.  You are confirming that you understand it is an offence to provide information which you know to be inaccurate or to fail to notify the council that the circumstances giving rise to the discount or exemption have changed | |
| Name of Applicant |  |
| Signature of Applicant |  |
| Date of Application |  |
| If you are completing the form on behalf of the applicant, what is their relationship to you: |  |
| Name of person acting in applicants behalf: |  |
| Address of person acting for applicant: |  |
| Signature of person acting on applicant’s behalf: |  |
| Contact Telephone Number |  |
| Email Address |  |

|  |  |
| --- | --- |
| **Part Two – Personal Information** | |
| Full name of person who is SMI |  |
| National Insurance Number |  |
| Date of Birth |  |
| Address |  |
| Total number of people aged 18 or over living at address |  |

|  |  |  |
| --- | --- | --- |
| **Part Three – Details of Benefit Entitlement** | | |
| A person will only be regarded as SMI where they are entitled to one of the qualifying benefits. You do not have to be receiving the benefit, but you have entitlement to it.  The Department for Work and Pensions will be able to supply you with a letter confirming entitlement and the date from which this applicable.  You must provide evidence of entitlement to benefit with your completed application form. | | |
| **✓** | **Qualifying Benefit** | **Date on which entitlement began** |
|  | Incapacity Benefit |  |
|  | Attendance Allowance |  |
|  | Severe Disablement Allowance |  |
|  | Disability Living Allowance  (higher or middle rate care component) |  |
|  | Disability Working Allowance |  |
|  | Income Support  (Which includes disability premium) |  |
|  | Employability Supplement or Allowance |  |
|  | Constant Attendance Allowance |  |
|  | Personal Independence Payment  (standard or enhanced rate of the daily living component) |  |
|  | Universal Credit (in circumstances where a person has limited capability for work and/or work related activity) |  |

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| --- | --- |
| **Part Four – Medical Practitioner’s Declaration** | |
| By completing this declaration you are confirming that you have read the Department of Health’s Letter PL/CO(93)1 – which provides advice to doctors on the process for determining severe mental impairment for council tax purposes and that you are of the opinion that the applicant meets the definition of a person with severe mental impairment and that you understand that your certification of SMI status may result in a full exemption from council tax.  A person is regarded as severely mentally impaired if they have a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.  A council tax exemption/discount may be backdated to the point of diagnosis. For the purposes of this form in the date of diagnosis box please enter the date from which you consider the applicant to meet the criteria to be classed as SMI. | |
| I can confirm that the person named in part two is severely mentally impaired as defined above (Yes/No) |  |
| Name of Doctor/Medical Practitioner |  |
| Doctor’s GMC Reference Number |  |
| Surgery/Hospital Address |  |
| Date of Diagnosis |  |
| Doctor’s Signature |  |
| Date |  |
| Doctor’s Surgery Official Stamp |  |