

Council Tax Application for disregard/exemption for Persons with a Severe Mental Impairment

Thank you for your recent enquiry regarding a disregard from Council Tax for the above reason. If there is more than one person, a form will need to be completed in respect of each person.

Please complete the following:

Name of person with the Severe Mental Impairment	
Council Tax reference number	
Address	
Number of adults living in the property including the person named above	

For the purposes of the above disregard the person concerned must be entitled to one or more of the following benefits. Please tick which benefit you are entitled to and the date entitlement began:

Incapacity Benefit or ESA	<input type="checkbox"/>	Attendance Allowance or Constant Attendance Allowance	<input type="checkbox"/>
Disability Living Allowance Care Component (Middle or Higher Rate)	<input type="checkbox"/>	Working Tax Credit including a disabled worker element	<input type="checkbox"/>
An increase in the rate of Disablement pension	<input type="checkbox"/>	Income Support or JSA where the applicable amount includes a Disability Premium	<input type="checkbox"/>
Personal independence payment (standard or enhanced daily living component)	<input type="checkbox"/>	Armed forces independence payment	<input type="checkbox"/>
Severe Disablement Allowance	<input type="checkbox"/>	Universal Credit (including an element for limited capability for work or limited capability for work and work related activity)	<input type="checkbox"/>

When did entitlement to the benefit commence?	
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Confirmation of entitlement to the above benefit must be supplied showing the date that entitlement started. (For example, a letter from the Department of Works and Pensions) Please note a disregard cannot be awarded without this proof.

The person completing the form should sign below:

Name		Signed	
Date		Tel No	

The form should now be given to your doctor/medical practitioner for completion of the certificate overleaf. Please return the completed form to the address shown above.

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for Persons with a Severe Mental Impairment**

Certificate of registered medical practitioner	
<p>I confirm that in my opinion (patient's name) *suffers from a severe mental impairment (however caused) which appears to be permanent. *does not suffer from a severe mental impairment (however caused) which appears to be permanent. (Please delete as appropriate)</p>	
Doctor's name	
Doctor's signature	
Practice stamp	
Date of diagnosis	

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 decisions 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 judgement 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."

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 1 April 1993.