

**COUNCIL TAX
DISCOUNT FOR PEOPLE WHO ARE
SEVERELY MENTALLY IMPAIRED
APPLICATION FORM**



*Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.*

Your address:

Revenue Services
County Hall
Mold
Flintshire CH7 6NA

Telephone Number: (01352) 704848

If you need to contact us, please quote your:-

Account Reference Number

Anyone who is medically certified as having a severe impairment of their intellectual or social functioning, that appears to be permanent, may be eligible to a Council Tax 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 (SMI)

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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 eligible to pay council tax there will be no reduction.

Please complete this form in **BLACK INK**

If you need any help or advice to complete this form, you are welcome to visit one of our Connects Centres in Buckley, Flint, Connahs Quay, Holywell or Mold (opening times as advertised).

PART B: Declaration of benefit entitlement

A person may only be exempt or disregarded on the grounds of being SMI if they are entitled to one of the following benefits (whether receiving them or not).

Please tick the relevant box(es):

When were the benefit(s)
applicable from?

<input type="checkbox"/>	Incapacity Benefit	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
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<input type="checkbox"/>	Attendance Allowance	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
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<input type="checkbox"/>	Severe Disablement Allowance	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
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<input type="checkbox"/>	Disability Living Allowance (higher or middle rate care component)	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
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<input type="checkbox"/>	An increase in disablement pension (as constant attendance is needed)	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PART C: Doctor or Medical Practitioner's declaration

Name of doctor/medical practitioner:

Contact details of surgery/hospital

Address:

Postcode:	Telephone Number:
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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. *Local Government Finance Act 1992 (Schedule 1, Paragraph 2).*

I can confirm the person named in PART A is SMI as defined above. (Please tick box)

A Council Tax exemption/reduction may be backdated to the point of diagnosis. For the purposes of this form, please enter the first point at which you would consider the patient to be SMI.

Date of Diagnosis:

D		Y	Y	Y	Y
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Doctors signature:

Date:

Y	Y	Y	Y
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Official Stamp:

Note: GPs should not charge for the diagnosis and/or completion of this form.
British Medical Association, The National Health Service (General Medical Services Contracts) Regulations 2004 (Regulation 21(1) and Schedule 4).

PART D: Applicant's declaration

I accept responsibility for the information given in this form, and declare that it is true and accurate to the best of my knowledge and belief. I authorise the council to make any enquiries it considers necessary to verify the details of this claim and advise of any change of circumstances.

signature:

Date:

Y	Y	Y	Y
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If you are completing the form on behalf of the applicant, what is their relationship to you?

Other

Y	Y	Y	Y
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