SEVERELY MENTALLY IMPAIRED APPLICATION FORM

PART A – BE TO BE COMPLETED BY/ ON BEHALF OF THE APPLICANT

Name of applicant: Date of birth:
Address of applicant: Telephone number:

Council Tax account reference number:

Name of person completing form on behalf of applicant:

Relationship to applicant: Signature:

I declare that the applicant **is in receipt of** (or has made a claim for) one of the following qualifying benefits. **Please write next to the benefit the date it was awarded:**

- Employment Support Allowance
- A severe disablement allowance
- An increase in the rate of a disablement pension
- An un-employability allowance payable with war disablement pension
- Attendance allowance at the higher or lower rate
- Constant attendance allowance at one of the four rates payable with disablement benefit or war disablement pension
- Income Support which includes a disability premium
- A disability working allowance
- An un-employability supplement
- The middle or higher care component of a disability living allowance or standard or enhanced rate of the daily living component of Personal Independence Payment (PIP)
- Universal credit (including an element where a person has a limited capability for work/and or work related activity)

(Please ensure relevant proof of Benefit or underlying entitlement to one of the above is provided with your application)

PART B – TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER

Doctor's Surgery/Hospital address:

Doctors name:

Patients full name:

☐ I certify that in my opinion the applicant named in Part A of the form above **is** suffering from severe mental Impairment of intelligence and social functioning which appears permanent from _ _ / _ _ / (date diagnosed).

☐ I certify that in my opinion the applicant named in Part A of the form above **does not** meet the definition of severely mentally impaired for Council Tax purposes because …….

Doctor's signature:

Doctor's full name in block capitals:

Doctor's status:

Date:

Doctors surgery stamp:

Notes for Doctor: For council tax purposes the phrase severe mental illness (SMI) refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. This is not the same definition of 'severe mental impairment' in the Mental Health Act 1983 and being classified as 'severely mentally impaired' for council tax purposes does not affect the right to vote or to be included in the electoral register, which is compiled separately.

RETURN COMPLETED FORM TO THE BELOW ADDRESS OR EMAIL

Email: CTaxEnquiries@warwickdc.gov.uk
Post: Council Tax Team, Finance, Warwick District Council, Town Hall, Parade, Royal Leamington Spa, CV32 4AT