Admin scan as CTDISC

**Application for a Severely Mentally Impaired (SMI) Person’s Discount**

Please complete this form, sign the declaration at the end and return the form to: **Exchequer Services, PO Box 304, Ashton-under-Lyne, Tameside, OL6 0GA.**

**If more than one person at the property is severely mentally impaired** please fill in one form for each.

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| **Severely mentally impaired (SMI) person’s details** | |
| Full name of the SMI person: | Click or tap here to enter text. |
| Their address: | Click or tap here to enter text. |
| Their Date of Birth: | Click or tap here to enter text. |
| How many people aged 18 or over live at this address? | Click or tap here to enter text. |
| **Qualifying Benefits – Please tick the benefit the person gets or qualifies for if they don’t receive it. If they qualify for a benefit they don’t receive please ask the DWP for a letter of confirmation and send the letter to Exchequer Services with this form.** | |
| Incapacity Benefit (Short-term or Long-term)  Employment and Support Allowance (ESA)  Attendance Allowance (AA)  Severe Disablement Allowance (SDA)  Personal Independence Payment Daily Living Component (Standard or Enhanced rate)  The highest or middle-rate care component of Disability Living Allowance (DLA)  An increase in Disablement Pension for constant attendance  The disability element of Working Tax Credit  Unemployability Supplement (Abolished in 1987 but existing claimants remain entitled)  Constant Attendance Allowance payable under the Industrial Injuries or War Pensions schemes  Armed Forces Independence Payment  Unemployabilty Allowance payable under the Industrial Injuries or War Pensions schemes  Income Support which includes a disability premium because of incapacity for work  The ‘limited capability for work’ or ‘limited capability for work related elements’ of Universal Credit | |

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| **Getting an SMI certificate – The law says we must have a certificate signed by a medical practitioner (doctor, consultant or other medically qualified person who knows about the impairment) to prove severe mental impairment.** | |
| Full name of the medical practitioner: | Click or tap here to enter text. |
| Address of their surgery or the hospital where they work: | Click or tap here to enter text. |
| **The certificate can only be used to apply for a Severely Mentally Impaired discount for Council Tax** | |
|  | |
| **Filling this form in for somebody else - If you are filling this form in for somebody else please tell us your name and address:** | |
| Your Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Your relationship to the person | Click or tap here to enter text. |
|  | |
| **Declaration** | |
| **As far as I know the information I have provided is correct.** | |
| Your Signature |  |
| Date | Click or tap to enter a date. |
| Phone number you can be contacted on during the day | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |

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| **Preventing and detecting fraud.** Tameside MBC must protect the public funds we deal with. We may use the information you have given on this form and share the information with other organisations that audit or handle public funds to help us prevent and detect fraud. **Find out more** at [https://www.tameside.gov.uk/ Benefits/Benefit-Fraud-Frequently-Asked-Questions](https://www.tameside.gov.uk/%20Benefits/Benefit-Fraud-Frequently-Asked-Questions) | |
| **Certificate of Severe Mental Impairment (SMI) for a possible Council Tax reduction** | |
| Name of Severely Mentally Impaired person: | Click or tap here to enter text. |
| Their address: | Click or tap here to enter text. |
| Date of Birth: | Click or tap to enter a date. |
| **Doctors and health professionals completing this form should read this guidance first:**  For Council Tax purposes a person is severely mentally impaired if he/she has a severe impairment of intelligence and social functioning, however caused, which appears to be permanent (Local Government Finance Act 1992/2003). **Including** a severe mental impairment as a result of degenerative brain disorder such as Alzheimer’s disease, a stroke or other forms of dementia. | |

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| **The doctor should complete this section** |
| In my opinion the above-named person **is suffering**  Yes  No  **from** a severe mental impairment for purposes of  the Local Government Finance Act 1992.  Yes  No  I consider his/her condition to be permanent.  He/she has been severely mentally impaired since  Click or tap to enter a date.  (please give the exact date date DD/MM/YYYY):  In my opinion the above-named person is not    suffering from a severe mental impairment. (Please  tick if appropriate.) |

Doctor’s signature ……………………………………… Date………………………………….

Doctor’s name (BLOCK LETTERS) …………………………………………………………….

Surgery stamp: