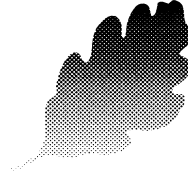


Confirmation of Council Tax Status



Carers and Care Workers

General Data Protection Regulation GDPR - We are asking for the following information in accordance with provisions of the Council Tax (Administration and Enforcement) (Scotland) Regulations 1992 and Data Protection Act 2018. We will use this information to help us determine your liability for and to collect your Council Tax. You can find more information on how your personal information is used for Council Tax on our Privacy Notice which can be found at www.midlothian.gov.uk/privacy

This form should be completed in ink and block capitals.

Your Full Name

Your Home Address

Postcode

Telephone

Number of persons living in the home who are 18 years old or over.

(You must notify us when anyone in the household turns 18 or there are any changes of circumstances)

Name and address of Person being cared for

Date you started caring for the person requiring care

Part 1 - Please answer Yes or No

Are you caring for the person on behalf of the Crown (a Government department/body), a Local Authority or a registered Charity? (If you answer "No", please move directly to Part 2.)

Do you reside in premises provided by any of those bodies?

Are you employed by the person being cared for as a direct result of a registered Charity introducing you to the person?

Do you reside in premises provided by the person for whom you provide care and/or support?

Do you receive more than £44.00 per week as payment for the hours you work providing care and/or support for the person? _____

Are you engaged to provide care and/or support for at least 24 hours per week? _____

Part 2 - Please answer Yes or No

Is the person for whom you are providing care and/or support your child who is under 18 years of age, your spouse or the person that you are living with as if you are husband and wife? _____

Are you providing care and/or support for an average of at least 35 hours per week? _____

Do you reside in the same premises as the person for whom you provide care and/or support? _____

Does the person receive any of the following :

Attendance Allowance at the Higher Rate _____

The enhanced rate of the daily living component of Personal Independence Payment _____

The highest rate of the care component of a Disability Living Allowance _____

An increase in a constant attendance allowance as part of a Personal Injuries Scheme payment or an Army/Air Force/Naval Service Pension? _____

Evidence of the Benefits/Allowances/Pensions must be enclosed with the completed form.

Declaration

I declare that to the best of my knowledge the information given on this form is true and correct. I understand that enquiries may be made to verify the information given. If awarded a Discount or Exemption, I undertake to advise you within 21 days of any change in my circumstances which may affect the amount of Council Tax payable.

Signature
Date

Please return this form to:

The Director of Health and Social Care
Midlothian Council
PO Box 12956
DALKEITH
EH22 1YB