

PLEASE READ THE NOTES OVERLEAF. THIS FORM SHOULD BE COMPLETED IN INK AND BLOCK CAPITALS.

### Severely Mentally Impaired Person's Details

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I certify that the person mentioned above is suffering from a severe impairment of intelligence and social functioning which appears to be permanent.

GMC Ref
Print Name
Signature
Status
Date

***Medical Practice Stamp***

## Type of Benefit the person is entitled to

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### ***Declaration***

Name of person signing

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## NOTES

- Part A should be completed by a doctor. Part B should be completed by, or on behalf of, the liable person, and signed and dated.
- A person is deemed to be severely mentally impaired for Council Tax purposes if he or she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.
- Under paragraph 2(1) of Schedule 1 to the Local Government Finance Act 1992, a person cannot be disregarded as severely mentally impaired unless a certificate to that effect is supplied by a registered medical practitioner. Failure to supply such a certificate may result in the award of a discount being delayed or cancelled.
- In addition the severely mentally impaired person must receive, **or be entitled to**, one of the following benefits:
  - Incapacity Benefit
  - Employment Support Allowance
  - Attendance Allowance
  - Severe Disablement Allowance
  - An increased rate of Disablement Pension for constant attendance
  - The highest or middle rate care component of Disability Living Allowance (DLA)
  - The standard or enhanced rate of Personal Independence Payment (PIP)
  - Disabled Person's Tax Credit
  - Unemployability Allowance
  - Constant Attendance Allowance under the Personal Injuries (Civilians) Scheme or the Naval, Military and Air Forces etc. (Disablement & Death) Service Pension Order or an Unemployability Allowance under the Personal Injuries or Service Pension Legislation.
  - Income Support which includes a disability premium
  - Universal Credit that includes limited capability for work and work-related activity
  - The standard or enhanced rate of Daily Living component of Adult Disability Payment (ADP)

**Evidence of the Benefits/Allowances/Pensions, showing the date that the award started, must be enclosed with the completed form.**

- Note: In some instances further conditions are attached before a decision can be made. In these cases the Director of Corporate Resources may contact the person applying for further clarification.
- Failure to complete and return this form could result in the award of a Council Tax discount being delayed or cancelled.
- Please return this form to the address below:

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