

Date: .....

Council tax ref: .....

**Application for Council Tax discount**

Patients name and address: .....  
.....

Patients date of birth: .....

Dear Doctor .....

An application for a discount from Council Tax has been requested on the grounds that the above-named patient severely mentally impaired.

The definition of impairment is such that any person whose intelligence and social functioning are severely impaired will qualify to be disregarded. This would normally mean that the person must be dependent upon somebody else.

The definition includes impairment resulting from mental illness, dementia or Alzheimer's Disease. It would not include persons attending day clinics at hospital. In a doctor's clinical judgement, the impairment must appear to be permanent.

In order for the application to be considered, please can you certify whether or not the patient is suffering from severe mental impairment by completing the form below;

**To be completed by a registered medical practitioner**

I certify that in my opinion the disabled person named above (please tick appropriate box)

is suffering from severe mental impairment of intelligence and social functioning and has been since: ...../...../.....

is **not** suffering from severe mental impairment.

Official Surgery stamp



.....  
Doctors Signature

Doctor's full name .....

Doctor's status ..... (eg.GP/Consultant)

Surgery address .....

Date .....

To the Doctor:

The National Health Service (General Medical Services) Regulations require a doctor to issue free of charge, a medical certificate which is required by a patient to enable him to claim exemption from or a reduction in liability to pay the Council Tax.

The certificate is for use ONLY in applying for a discount from Council Tax.

Please return the signed form to the person who asked you to fill it in on behalf of the patient, alternatively you can e-mail this form to [counciltax@warrington.gov.uk](mailto:counciltax@warrington.gov.uk)