



Council Tax- Severe Mental Impairment

If there are two or more residents in a household who are not entitled to a status discount, this form need not be completed as the full bill will be payable.

In order to qualify for a status discount a person must be entitled to one of the following benefits:

- Incapacity Benefit
- Disability Living Allowance Care Component (Middle or Higher)
- Disablement Pension (where Constant Attendance is needed)
- Constant Attendance Allowance (payable under Industrial Injuries or War Pensions Schemes)
- Income Support which includes a Disability Premium because of incapacity for work
- Universal Credit (limited capability for work or limited capability for work and work-related activity)
- Attendance Allowance
- Severe Disablement Allowance
- Disability Element of Working Tax Credit
- Unemployability Allowance (payable under Industrial Injuries or War Pensions Schemes)
- Personal Independence Payment (Standard or Enhanced Daily Living Rate)

To apply for the Severe Mental Impairment exemption, you will need to -

- complete Parts I to III and Part V of the attached form to confirm occupier details and entitlement to a qualifying benefit, and •
- ask your medical practitioner to complete and stamp Part IV to enable us to confirm eligibility.

The General Medical Services Committee of the BMA has agreed that for the purpose of the Act, medical certificates should be issued without charge to the applicant or their representative. The regulations were amended to add the certificate to Schedule 9 of the NHS (General Medical Services) Regulations 1992 with effect from 1st April 1993.

The form should then be returned to us. Alternatively, the forms may be scanned and e-mailed to revenueservices@northampton.gov.uk.

Further guidance on the Severe Mental Impairment exemption can be found on our website, at <https://www.northampton.gov.uk/ctax-smi>.

Should you require any assistance with these forms please do not hesitate to contact Customer Services on the number on the front of this letter.

Please note -further guidance on Severe Mental Impairment exemption can be found at <https://www.northampton.gov.uk/ctax-smi>.

Part IV	Certificate of registered medical practitioner
I confirm that in my opinion.....(patients name) does/does not (delete as applicable) suffer from a severe impairment of intelligence and social functioning (however caused) which appears to be permanent	
Doctors Name	
Doctors signature	
Practice stamp	
Date of diagnosis	

Advice for medical practitioners

The Department of Health letter PL/CO (93) 1 issued to all general medical practitioners in March 1993 states:

“Doctors should note that the decisions to whether a person is severely mentally impaired is not consequent on any specific diagnosis. A person is severely mentally impaired if he has a severe impairment of intelligence and social functioning, however caused, which appears to be permanent. A decision about the presence of severe mental impairment will, in all cases, depend on the doctor’s clinical judgement as to whether the applicant meets these criteria”

“If a doctor is uncertain whether an applicant’s intelligence and social functioning are such as to constitute severe mental impairment, he may wish to seek information and advice from appropriate medical colleagues or from colleagues in other professions, or from carers, who may be able to help with information based on their knowledge of the applicant. If, after such consultation, a doctor is still uncertain whether or not an applicant is severely mentally impaired, he or she should not sign the certificate.”

Part V	Declaration by the Council Tax payer (or person acting on their behalf)
I confirm the information given is correct and undertake to notify the Council with 21 days of any changes in circumstances which could affect my entitlement to any reduction granted. I understand failure to do so may result in a £70.00 penalty	
Signature of applicant	
Name of applicant	
Telephone number	
Email address	
Relationship or profession if submitting this on behalf of the applicant	