A person who is severely mentally impaired from birth or childhood or in childhood, or who suffers severe intellectual impairment as a result of an accident in adulthood will be regarded as severely mentally impaired if he or she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent and who is in receipt of a qualifying benefit.

IN ORDER THAT AN EXEMPTION CAN BE CONSIDERED, PLEASE PROVIDE THE FOLLOWING INFORMATION

Total number of residents
Total number of residents who are regarded as severely mentally impaired:
- Number of residents entitled to Short-term or long-term incapacity benefit (IB) or attendance allowance (AA) or severe disablement allowance (SDA)
- Number of residents entitled to the highest or middle rate care component of disability living allowance (DLA) or an increase in disablement pension for constant attendance allowance or
- Number of residents entitled to the disability element of working tax credit or unemployability supplement (this was abolished in 1987 but existing claimants remain entitled) or
- Number of residents entitled to constant attendance allowance payable under the industrial injuries or war pension schemes or
- Number of residents entitled to unemployability allowance payable under the industrial injuries or war pension schemes or
- Number of residents entitled to income support which includes a disability premium because of incapacity for work

DECLARATION AND SIGNATURE

WARNING: Deliberately giving false information could lead to prosecution

I declare that the information I have given on this form is complete and accurate to the best of my knowledge and I understand that West Lindsey District Council may check the information given.

Signature

Date

Full name in capitals
PLEASE ASK YOUR DOCTOR TO COMPLETE THE MEDICAL CERTIFICATE BELOW

LOCAL GOVERNMENT FINANCE ACT 1992

TO BE COMPLETED BY A Registered Medical Practitioner

Doctor’s Surgery / Hospital address

Name and Address of Applicant

PLEASE TICK

I certify that in my opinion all the home’s residents are [ ] are not [ ] suffering from severe mental impairment for the purpose of the Local Government Finance Act 1992

Doctor’s Signature

Doctor’s Full Name (in Block Capitals)

Doctor’s Status

Date

Data Protection – We are asking for this information in accordance with the provisions of the Council Tax (Administration & Enforcement) Regulations 1992 (Reg. 3) and the Data Protection Act 1998, S.29. It will be used to help us determine your liability for and collect your Council Tax. It may be shared with other sections of this Council, with other Councils and with other public bodies to determine eligibility for Housing Benefit, liability for Council Tax, to collect Council Tax, to assess and collect other Taxes and Duties, to help detect and prevent fraud, to help detect and prevent crime and to carry out public duties.