

COUNCIL TAX DISCOUNT DOCTOR'S CERTIFICATE

PERSONS WHO ARE SEVERELY MENTALLY IMPAIRED

Part A

To be filled in by the person claiming a discount, or their representative

Name of person suffering from the Impairment

Address

Name of Doctor

Doctor's surgery / Hospital address

Part B

To be completed by the Doctor

I certify that the person named in Part A above (please tick)

Is suffering from a permanent form of impairment of intelligence or social functioning, as provided for under the Local Government Finance Act 1992 (as amended) for the purposes of Council Tax discount and has been since (please provide date)

Is not suffering from a permanent form of impairment of intelligence or social functioning, as provided for under the Local Government Finance Act 1992 (as amended) for the purposes of Council Tax discount.

I can confirm that no charge should be made to the applicant or his representative for the completion of this medical certificate. Details can be found in Schedule 9 of the NHS (General Medical Services) Regulations 1992 as amended.

Doctor's signature

Full name (Printed in capital letters)

Date

To the Doctor: Please sign and return this certificate to the applicant or the applicants representative. Alternatively you may return it to the Council Tax Office, Civic Office, Waterdale, Doncaster, DN13BU. The information that you have supplied on this certificate will only be used to assess eligibility for a reduction in Council Tax. If you require any assistance please contact your local strategic Health Authority with reference to The Department of Health Letter PL/CO (93) 1, which provided guidance to all general medical practitioners required to complete Council Tax certificates. If you need further advice please contact Council Tax on 01302 734454.