



PO Box 21, Bootle, Merseyside, L20 3US

Council Tax Status Discount/Exemption the Severely Mentally Impaired

Part A: To be filled in by the person claiming a discount or their representative

Name of Mentally Impaired Person:

Address of Mentally Impaired Person:

Postcode:

Date of Birth:

Council Tax Account Number:

Part B

To be completed by the Registered Medical Practitioner

I certify that in my opinion the above named person **IS suffering from** "severe mental impairment and social functioning (however caused), which appears to be permanent".

☐ IS

I certify that in my opinion the above named person **IS NOT suffering from** "severe mental impairment and social functioning (however caused), which appears to be permanent".

☐ IS NOT

And has been since (date Diagnosed):

Address of Doctor's Surgery /
Hospital:

Signed (Doctor's Full Name):

Dated:

This notice is completed free of charge by the Doctor, under Schedule 9 of the NHS (General Medical Services) Regulations 1992.

To the Doctor: Please sign and return this certificate to the applicant or the applicant's representative. The information that you have supplied on this certificate will only be used to assess eligibility for a reduction in Council Tax.

You can upload the completed Doctors certificate when you apply for a discount or exemption using the online My Account service