

Dartford and Sevenoaks working together to deliver Revenues and Benefits Services

**SEVERELY MENTALLY IMPAIRED**

Please find enclosed relevant guidance on the Severely Mentally Impaired classification which you may wish to retain and two forms to be completed.

- (i) An application form; and
- (ii) A certificate to be completed by your/the person's G.P.

Please take the certificate to the G.P. and ask him/her to complete Part B. You should then return the application form and completed certificate to the Council Tax section.

If you wish to discuss the matter or require help with the forms then please the Council Tax section on the telephone number shown overleaf.

Revenues Services

## Contact

Please contact your local Council using the details below.

Dartford Borough Council  
Civic Centre, Home Gardens  
Dartford  
Kent  
DA1 1DR

**email:** [revenues@dartford.gov.uk](mailto:revenues@dartford.gov.uk)

**web:** [www.dartford.gov.uk](http://www.dartford.gov.uk)

Sevenoaks District Council  
PO Box 103  
Argyle Road,  
Sevenoaks  
Kent TN13 1YT

**email:** [revenues@sevenoaks.gov.uk](mailto:revenues@sevenoaks.gov.uk)

**web:** [www.sevenoaks.gov.uk](http://www.sevenoaks.gov.uk)

### PAY THE EASY WAY

Direct Debit is the easy way to pay your Council Tax. There are no cheques to write, no paperwork, no postage or overdue instalments.

Not only does it save you time and effort, you have a choice of four payment dates during the month and we can take your details over the phone or you can set the Direct Debit up online.

To set up a Direct Debit visit your Council's website [www.dartford.gov.uk/directdebit](http://www.dartford.gov.uk/directdebit) or [www.sevenoaks.gov.uk/directdebit](http://www.sevenoaks.gov.uk/directdebit)

## GUIDANCE NOTES

The definition of Severe Mental Impairment for Council Tax purposes is as follows:

‘A person is severely mentally impaired if he has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent’.

In order to be disregarded for discount purposes, a person must be:

- (a) Severely mentally impaired (per the above definition); **and**
- (b) Stated to be severely mentally impaired by a registered medical practitioner on the prescribed certificate; **and**
- (c) Entitled to a state benefit from the qualifying list of benefits set out below:

The sections referred to are of the Social Security Contributions and Benefits Act 1992 unless otherwise indicated.

- (i) **Incapacity benefit** under section (under s.30A, 40 and 41); **or**
- (ii) **Attendance allowance** (under section 64); **or**
- (iii) **Severe disablement allowance** (under section 68); **or**
- (iv) **The middle or highest rate of the care component of a disability living allowance** (under sections 71 and 72); **or**
- (v) **An increase in the rate of disablement pension** (under section 104); **or**
- (vi) **A disability working allowance** (under section 129 for which the qualifying benefit is either one falling within section 129 (2)(a) (i) or (ii) or income support, and the applicable amount formerly payable included a disability premium); **or**
- (vii) An unemployability supplement under Part I of Schedule 7; **or**
- (viii) a constant attendance allowance under either;-
  - Article 14 of the Personal Injuries (Civilians) Scheme 1983 or Article 14 of the Naval, Military and Air Forces etc. (Disablement and Death) Service Pensions Order 1983; **or**
- (ix) An unemployability allowance under either:-
  - Article 18 (i) of the Personal Injuries (Civilians) Scheme 1983 or Article 18 of the Naval, Military and Air Forces etc. (Disablement and Death) Service Pensions Order 1983

**These notes are intended to give helpful guide to this aspect of the Council Tax but they should not be regarded as a complete guide to the law.**

**APPLICATION FOR CLASSIFICATION AS 'SEVERELY MENTALLY IMPAIRED'**  
**FOR COUNCIL TAX DISCOUNT PURPOSES**

Please Complete This Form in BLOCK CAPITALS

Persons Name: \_\_\_\_\_  
(i.e. Name of person who may qualify for classification as Severely Mentally Impaired.)

Address: \_\_\_\_\_  
\_\_\_\_\_

Qualifying Benefit To Which Entitled: \_\_\_\_\_  
(a list of qualifying benefits is given in the enclosed "guidance note")

**I will require proof that the person is entitled to this benefit, such as sight of their entitlement letter, a recent bank statement showing payments being credited to them or a letter from the Department for Work and Pensions**

**DECLARATION**

Full Name: \_\_\_\_\_

Relationship to the Person: \_\_\_\_\_

Address(if different to that of the person concerned): \_\_\_\_\_

\_\_\_\_\_  
I declare that the information herein is true and accurate to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note - If after you have returned this form there are any changes to the information above, please inform the Council Tax section as this may affect the amount of the bill.**

**THIS CERTIFICATE IS FOR USE IN DECIDING WHETHER THE PERSON NAMED  
IS SEVERELY MENTALLY IMPAIRED FOR COUNCIL TAX PURPOSES**

**Part A** – To be completed by the person or their representative

I authorise you to seek on my / the persons\* behalf the certificate set out in **Part B** below from the designated registered medical practitioner.

Person's name: \_\_\_\_\_

Person's address: \_\_\_\_\_

\_\_\_\_\_

Doctor's name: \_\_\_\_\_

Doctor's surgery (or hospital address): \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Address (if different to that of person concerned): \_\_\_\_\_

\_\_\_\_\_

\*delete as applicable

**Part B** – to be completed by Registered Medical Practitioner and returned to the local authority.

For the purposes of the Local Government Finance Act 1992, a person is severely mentally impaired if he / she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

In my opinion, the person named above is severely mentally impaired and has been so from (date) \_\_\_\_\_

Doctor's signature: \_\_\_\_\_

Doctor's full name (block capitals): \_\_\_\_\_

Surgery / Hospital Address: \_\_\_\_\_

\_\_\_\_\_

Doctor's Status (G.P. etc.): \_\_\_\_\_

Date: \_\_\_\_\_