



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. Please submit the completed form when making your online application at <https://www.sefton.gov.uk/1236>