

## Severely mentally impaired (SMI) person's details

Full name of the SMI person: .....

Their address: .....

.....

Their date of birth: .....

How many people aged 18 or over live at this address? .....

## Qualifying benefits – Please tick the benefit the SMI person gets (or qualifies for if they don't receive it). If they qualify for a benefit they don't receive please ask the DWP for a letter of confirmation and send the letter to me with this form.

- Incapacity Benefit (short-term or long-term)
- Employment and Support Allowance (ESA)
- Attendance Allowance (AA)
- Severe Disablement Allowance (SDA)
- The daily living component of Personal Independence Payment (PIP)
- The highest or middle-rate care component of Disability Living Allowance (DLA)
- an increase in Disablement Pension for constant attendance
- The disability element of Working Tax Credit
- Unemployability Supplement (abolished in 1987 but existing claimants remain entitled)
- Constant Attendance Allowance payable under the Industrial Injuries or War Pensions schemes
- Armed Forces Independence Payment (AFIP)
- Unemployability Allowance payable under the Industrial Injuries or War Pensions schemes
- Income Support or Income Based Jobseekers Allowance received by the SMI person **or their partner**, which includes a disability premium because of the SMI person's incapacity for work
- the 'limited capability for work' or 'limited capability for work related elements' of Universal Credit

We may be able to backdate any entitlement to a discount, so if you have ticked a benefit above please give the date it started:

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V. August 2019

**Getting an SMI certificate – The law says we must have a certificate signed by a medical practitioner (doctor, consultant or other medically qualified person who knows about the impairment) to prove severe mental impairment.**

Full name of the medical practitioner: .....

Address of their surgery or the hospital  
where they work: .....

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Any certificate can only be used to apply for this discount from council tax.

**Filling this form in for somebody else - If you are filling this form in for somebody else please tell us your name and address:**

Your name: .....

Address: .....

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Your relationship to the person: .....

**Declaration**

As far as I know the information I have provided is correct.

Your signature:		Date:	
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**Phone number you can be contacted on during the day:**

**Email address:**

# Certificate of Severe Mental Impairment (SMI) for a possible Council Tax reduction

Name of severely mentally impaired person:	
Their address:	
Date of birth:	

**Doctors and health professionals completing this form should read this guidance first:**

For Council Tax purposes 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 (Local Government Finance Act 1992/2003). **Including** a severe mental impairment as a result of a degenerative brain disorder such as Alzheimer's disease, a stroke or other forms of dementia.

The doctor should complete this section	
In my opinion the above-named person <b>is suffering from</b> a severe mental impairment for the purposes of the Local Government Finance Act 1992.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I consider his/her condition to be permanent.	Yes <input type="checkbox"/> No <input type="checkbox"/>
He/she has been severely mentally impaired since (please give the exact date DD.MM.YYYY):	
In my opinion the above-named person <b>is not suffering from</b> a severe mental impairment. ( <i>Please tick if appropriate.</i> )	<input type="checkbox"/>

Doctor's signature.....	Date.....
Doctor's name (BLOCK LETTERS).....	
Surgery stamp:	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>



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