Revenue Services
P O Box 3559
Bracknell
RG12 1WY
☎ (01344) 352011

Bracknell Forest Borough Council
Council Tax

Bracknell Forest Council

Account No.

Discount - Severe Mental Impairment

On behalf of the applicant, that is the person who is severely mentally impaired, please complete part A and B of this form. Please arrange to have part C of the form completed by the applicant's doctor. You should the return the completed form to Revenue Services to gether **with confirmation that one of the required benefits,listed below, is now being received.**

Part A **Applicant's name**

Date of birth

Address

Total number of adults resident in the property(include anyone who is aged 18 or over)

The applicant is receiving the following benefit or allowance from the date shown. Please provide evidence of payment of any benefit indicated below, such as a letter of entitlement from the Department for Work and Pensions.

	Benefit	Date Granted
a)	Incapacity Benefit or	
	Employment and Support Allowance	
b)	Attendance Allowance	
c)	Severe Disablement Allowance	
d)	Care Component of Disability Living Allowance	
e)	An increase in Disablement Pension, where constant attendance is needed	
f)	Disability Working Allownce	
g)	Unemployment Supplement	
h)	Constant Attendance Allowance at one of the four rates payable with Disablement Benefit or War Disablement Pension	
i)	Unemployability Allowance payable with War Disablement Pension	
i)	Income Support Disability Premium	

Information in this form is personal data which may be held in a computer and is therefore subject to the Data Protection Act 1998

Part B **Authorisation for the Doctor**

I authorise you, as the applicant's doctor, to complete C of the form.

Doctor's Name

Doctor's surgery/hospital address

Signature of person acting on the applicant's behalf

Full name

Relationship to applicant

Address

Date

The doctor will normally be the applicant's general practitioner. This authorisation will only be used for determining wheather a Council Tax discount should be granted.

Part C **To be completed by the doctor**

Doctor's Surgery/hospital address

(Please tick the appropriate box)

I cerify that in my opinion the applicant named in Part A of this form is ☐

is not ☐

suffing from servere mental impairment. For the purpose of the Local Goverment Finance Act 1992, severe mental impairment is defined as "servere impairment of intelligence and social functioning (however caused) which appears to be permanent"

Doctor's signature

Doctor's full name (in block capitals)

Doctor's status

Date

To the doctor: This information will only be used for determining whether a Council Tax discount should be granted.