COUNCIL TAX
DISCOUNT FOR PEOPLE WHO HAVE SIGNIFICANT COGNITIVE IMPAIRMENT

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

Your Name and Address:

Revenue Services
Ty Dewi Sant
St. Davids Park Ewloe
Flintshire CH5 3FF

Telephone Number: (01352) 704848

If you need to contact us, please quote your account reference number

Anyone who is medically certified as having a significant cognitive impairment of their intellectual or social functioning, that appears to be permanent, may be eligible to a Council Tax discount. This means that the person will have a permanent condition that significantly affects their intellectual and social functioning.

Conditions that can lead to **Significant Cognitive Impairment (SCI)** include Alzheimer's disease and other forms of dementia, Parkinson's disease, severe learning difficulties or a stroke, but many others may apply. To be eligible, the person must be diagnosed as having **SCI** by a doctor and must also be entitled to one of the benefits listed on this form (whether receiving them or not).

Level of reduction:

- If you have been diagnosed with **SCI** by a doctor and you are living alone or only with others who have **SCI**, you will be exempt from paying Council Tax.

- If you have been diagnosed with **SCI** by a doctor and you live with one adult who is eligible to pay council tax, your household will receive a 25% reduction.

- If you have been diagnosed with **SCI** by a doctor and you live with 2 or more adults who are eligible to pay council tax there will be no reduction.

Please complete this form in **BLACK INK**

If you need any help or advice to complete this form, you are welcome to visit one of our Connects Centres in Buckley, Flint, Connahs Quay, Holywell or Mold (opening times as advertised).

PART A: Personal information

Full name of person applying to be disregarded:

National Insurance Number:

Date of Birth: D D M M Y Y Y Y

Address:

Postcode:

Telephone Number:

Your Household Details:

Please tell us the names of all people aged 18 or over who are living in the property, including the person who has significant cognitive impairment.

Title	First Name	Surname

PART B: Declaration of benefit entitlement

A person may only be exempt or disregarded on the grounds of having **SCI** if they are entitled to one of the following benefits (whether receiving them or not).

Please tick the relevant box(es):	When were the benefit(s) applicable from?
☐ Incapacity Benefit	D D M M Y Y Y Y
☐ Attendance Allowance	D D M M Y Y Y Y
☐ Severe Disablement Allowance	D D M M Y Y Y Y
☐ Disability Living Allowance (higher or middle rate care component)	D D M M Y Y Y Y
☐ An increase in disablement pension (as constant attendance is needed)	D D M M Y Y Y Y
☐ Disability Working Allowance	D D M M Y Y Y Y
☐ Income support (which includes a disability premium)	D D M M Y Y Y Y
☐ Unemployability Supplement or Allowance	D D M M Y Y Y Y
☐ Constant Attendance Allowance	D D M M Y Y Y Y
☐ Personal Independence Payment	D D M M Y Y Y Y
☐ Armed Forces Independence Payment	D D M M Y Y Y Y
☐ Universal Credit (in circumstances where a person has limited capability for work and/or work related activity)	D D M M Y Y Y Y

If you are receiving or entitled to any of the above benefits, please provide evidence, such as a copy of the award letter or payment document.

PART C: Doctor or Medical Practitioner's declaration

Name of doctor/medical practitioner:

Contact details of surgery/hospital

Address:

Postcode: Telephone Number:

A person is regarded as having **significant cognitive impairment** if they have a significant impairment of intelligence and social functioning (however caused) which appears to be permanent. *Local Government Finance Act 1992 (Schedule 1, Paragraph 2).*

	Yes	No
I can confirm the person named in PART A has **SCI** as defined above. (Please tick box)		

A Council Tax exemption/reduction may be backdated to the point of diagnosis. For the purposes of this form, please enter the first point at which you would consider the patient to have **SCI**.

Date of Diagnosis:

D	D	M	M	Y	Y	Y	Y

Doctors signature: Date:

D	D	M	M	Y	Y	Y	Y

Official Stamp:

Note: GPs should not charge for the diagnosis and/or completion of this form. *British Medical Association, The National Health Service (General Medical Services Contracts) Regulations 2004 (Regulation 21(1) and Schedule 4)*.

PART D: Applicant's declaration

I accept responsibility for the information given in this form, and declare that it is true and accurate to the best of my knowledge and belief. I authorise the council to make any enquiries it considers necessary to verify the details of this claim and advise of any change of circumstances.

Applicant's signature:

Date:

D D M M Y Y Y Y

If you are completing the form on behalf of the applicant, what is their relationship to you?

Name of person acting on applicant's behalf:

Address of person acting on applicant's behalf:

Signature of person acting on applicant's behalf:

Date:

D D M M Y Y Y Y

Privacy Notice

Flintshire County Council will use the information you give in this form, and any supporting evidence you provide to assess your liability for Council Tax. This is required under Local Government Finance Act 1992 and all other relevant regulations associated with the assessment of Council Tax.

We will keep your data for the duration when you are liable to pay Council Tax and for a period of 7 years after your liability to pay Council Tax has ended.

We may share your information with other Council services in order to ensure our records are accurate and up-to-date, to improve the standard of the services we deliver, and to perform any of our statutory duties, including enforcement duties.

Flintshire County Council may check information you have provided, or information about you that someone else has provided, with other information we hold. We may also get information about you from certain third parties, or give information to them to:

- make sure the information is accurate
- prevent or detect crime
- the assessment or collection of any tax or duty or of any imposition of a similar nature
- protect public funds.

If you feel that Flintshire County Council have mishandled your personal data at any time you can make a complaint to the Information Commissioners Office by visiting their website or by calling their helpline on 0303 123 1113.

For further information about how Flintshire County Council processes personal data and your rights, please see our privacy notice on our website – http://www.flintshire.gov.uk/en/Resident/Contact-Us/Privacy-Notice.aspx