# Severely Mentally Impaired (SMI) Application Form

## Doctor's Certificate

SDC/2223/AUG26

**Stratford-on-Avon District Council**
Revenues Department, Elizabeth House, Church Street, Stratford-upon-Avon. CV37 6HX
Email: revenues@stratford-dc.gov.uk Website: www.stratford.gov.uk Telephone: 01789 260990

If you find the text in this form difficult to read we may be able to supply it in a format better suited to your needs.

**PLEASE PASS THIS PAGE TO YOUR/THE APPLICANT'S DOCTOR OR MEDICAL PRACTIONER TO COMPLETE**

**PART C DOCTOR'S CERTIFICATE** (To be completed by the Doctor/Medical Practitioner)

**A person is severely mentally impaired if they have a severe impairment of intelligence and social functioning, however caused, which appears to be permanent. Please refer to the Local Government Finance Act 1992 Schedule 1.**

**I certify in my opinion the person named below:**

Title:

First Name:

Surname:

(tick one):

☐ **IS** suffering from severe mental impairment

☐ **IS NOT** suffering from severe mental impairment

Council Tax exemption/discount 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 a severe mental impairment.

Date (dd/mm/yyyy):

Doctor's name (BLOCK CAPITALS):

Doctor's Signature:

Date (dd/mm/yyyy):

Doctor's surgery address/address stamp:

Doctor's Surgery Postcode:

Please note that in accordance with the Department of Health advice letter of March 1993 PL/CO(93) 1, and The National Health Service (General Medical Services) Amendment Regulations 1993, **no fee should be charged for this certification.**

**PLEASE RETURN THIS PAGE TO THE APPLICANT FOR SUBMISSION. ALL SECTIONS OF THE FORM MUST BE FULLY COMPLETED.**