

Council Tax Hospital & Care Home Patients Discount claim form



Revenues and Benefits Service

The Deane House
Belvedere Road
Taunton
TA1 1HE

Telephone 01823 356355
Lines open weekdays 8.00am to 6.00pm

Version 2 / 2016

Please read these notes before you fill in the form

Your Council Tax bill assumes there are at least two adults living in your home. If only one adult lives in a property, we can reduce the Council Tax by 25%. Some people are not counted as living in a property for Council Tax purposes, so even if there is more than one adult living in your home, you could still get a discount.

We do not count people who are a **hospital patient** or a **care home patient** as living in your home for Council Tax purposes.

By '**hospital patient**' we mean a person who has their sole and main residence in a National Health Service hospital and is in hospital for a temporary stay.

By '**care home patient**' we mean a person living in a residential care home, nursing home, independent hospital and hostel and is receiving a high level of care in the home.

If your home is now no longer occupied by a hospital patient or care home patient **and remains unoccupied**, you will not have to pay any Council Tax.

Please fill in this form if you, or someone living with you, is a hospital or care home patient.

How to fill in this form

Please fill in the form using **black ink**. Answer **Yes** or **No** questions by putting a tick ✓ in the relevant box. If you find it difficult to fill in the form, please telephone us on 01823 356355.

A GP, consultant or other medically qualified person must complete and sign Part B to confirm the details on this claim.

When you have filled in the form **make sure you read and sign the declaration in Part C**.

Please return it to: Revenues and Benefits Service, Taunton Deane Borough Council, PO Box 582, Taunton TA1 1NG.

Part A. Your household

Address this claim is for

Tell us how many people over the age of 18 live in your home

Include anyone who may be temporarily absent (e.g. is working away, on holiday or in hospital)

Tell us how many of these people are now resident in a hospital or care home

Please turn over

Part A. Your household (continued)

Please tell us about anyone who is a patient in a hospital or care home

	Person 1	Person 2
Full name	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name and address of hospital or care home where they are now resident	<input type="text"/>	<input type="text"/>
Date admitted	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Do they intend to return home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part B. Medical certificate

	Person 1	Person 2
Declaration	The person above is my patient and they are resident in the hospital or care home to receive care and or medical attention	The person above is my patient and they are resident in the hospital or care home to receive care and or medical attention
Signature	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Your medical capacity	<input type="text"/>	<input type="text"/>

Part C. Declaration

Even if someone has filled in this form for you, you must sign this declaration if you can. Read this declaration carefully before you sign and date it.

- **I declare** the information I have given on this form is correct and complete.
- **I agree** to tell the Council within 21 days of any change in my circumstances that may affect my claim for this discount or my right to this discount.
- **I understand** you could add a penalty of £70 to my Council Tax bill if I fail to tell you of a change affecting my right to this discount within 21 days, or if I give wrong or incomplete information.

Your signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Your full name	<input type="text"/>		

If you are not the Council Tax payer for this property, please tell us your full name, address and why you have completed this form

Daytime telephone number or E-mail address	<input type="text"/>
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Taunton Deane Borough Council is under a duty to protect the public funds it administers, and to this end may use the information you provide on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

If you would like this form translated into other languages or in Braille, large print, audiotape or CD, please contact us.