

PART 3: Please confirm which of the following benefits the applicant is in receipt of:

Benefit/Allowance :	Tick if applicable :
Incapacity Benefit	
Attendance Allowance	
Severe Disablement Allowance	
Higher or Mid Rate Care component of Disability Living Allowance <u>or</u> Daily living component of Personal Independence Payment (PIP)	
Income Support/JSA with disability premium	
Increased Disablement Pension	
Disabled persons tax credit	
Unemployability Supplement/Allowance	
Constant Attendance Allowance	
Employment Support Allowance (Support Component)	

Please note: the allowance/pension book or written confirmation from the Department for Work and Pensions must be produced when making the application. These documents must confirm the start date of the claim.

PART 4: Details of the Doctor of the Impaired Person

This part is to be completed by the Severely Mentally Impaired person (if the person is unable to complete the form please arrange for a suitable person to complete the form on their behalf). NHS guidelines confirm that the certificates should be issued without charge to the patient or their representative.

Name of Doctor:

Name of Practice:

Practice Address:

Practice tel. No:

I hereby give Nuneaton and Bedworth Borough Council permission to contact my doctor to confirm that I am Severely Mentally Impaired. (If the person is unable to sign the form please arrange for a suitable person to sign on their behalf).

Signature:

Name (if not severely mentally impaired person):

Relationship to Impaired person:

I declare that the information given above is correct to the best of my knowledge and belief.

Signed: Name (BLOCK LETTERS):.....

Tel: Date:

E-mail:

IMPORTANT: You must notify Finance and Procurement if the above circumstances change. If you fail to do so, you may be subject to a penalty of £70.