

## Council Tax Discount – Long Term Patient

Council Tax charge is based on two adults living in a property. If there are less than two adults in the property you may be eligible for a Council Tax discount. An adult resident who has their sole or main residence in an NHS/armed forces hospital or in a residential care home/ nursing home/private hospital/hostel where they receive care or treatment can be excluded when counting the number of adults in the property.

Unless the Nursing Home/Hospital state the person is in care permanently, a period of 13 weeks must have passed since the person went into care before any discount can be awarded.

### What evidence will I need to provide?

- Letter from hospital or residential home confirming the patient is in care and resident there.

**Complete this form in full, sign the declaration and return with the required evidence to the address at the top of this form.**

### Section 1 - To be completed by a liable person

A liable person is the person responsible for the bill.

**Full name**

**Email address**

**Telephone number**

**Property address**

**Section 2 - To be completed by hospital/residential home**

**Date patient was admitted**

This is the date they were admitted.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Date patient was discharged**

This is the date they were discharged.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Are they a permanent resident?**

<input type="checkbox"/>	yes	<input type="checkbox"/>	no
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**Date patient become a permanent resident?**

This is the date the patient became a permanent resident.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Detail care/treatment received**

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**Authorised signature**

To be signed by authorised person from hospital or residential home.

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**Declaration**

I declare the information on this form is true and complete and I authorise East Renfrewshire Council to verify the details. If there's a change in my circumstances, I will notify East Renfrewshire Council within 21 days. I accept failure to provide this information is an offence, which may result in a fine of £50 and £200 for each offence thereafter. I understand this information may be shared with other councils or organisations that handle public funds for the purposes of preventing and detecting fraud.

**Signature of liable person**

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**Establishment 2**

If the patient has been resident at more than one hospital/residential care home complete the section below.

**Date patient was admitted**

This is the date they were admitted.

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**Date patient was discharged**

This is the date they were discharged.

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**Are they a permanent resident?**

<input type="checkbox"/>	yes	<input type="checkbox"/>	no
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**Date patient became a permanent resident?**

This is the date the patient became a permanent resident.

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**Detail care/treatment received**

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**Authorised signature**

To be signed by authorised person from hospital or residential home.

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