

## Council Tax Reduction Mental Health Evidence Form

### Only a health or social-care professional should fill in this form

**This form has been given to you because the person named opposite:**

- has said they have a mental health problem that affects their ability to deal with their Council Tax bill.

**You have been identified by this person as:**

- a health or social-care professional who knows them; and
- a professional who could provide medical evidence about their mental health situation.

They have given their written permission for you to fill in this form

**Your evidence could really help the person's health and well-being**

- It will help us to take relevant mental health problems into account.
- This could improve the person's financial situation and mental health.

Persons Full Name:

.....

Date of birth:

.....

Address:

### Can you help this person? It will take just three steps.

#### First step:

Please fill in this form.



The information you give will be shared with the person named above.

#### Second step:

Please sign and stamp the form.

#### Third step:

Please email this form to  
**DHPBenefits@milton-keynes.gov.uk**

### About the person:

**Q1: What is your relationship with the person named above? I am working with them as a:**

- ☐ general practitioner   
 ☐ mental health nurse   
 ☐ social worker   
 ☐ psychiatrist   
 ☐ clinical psychologist  
☐ occupational therapist   
☐ other (please give details) .....

**Q2: Does the person have a mental health problem?** ☐ Yes ☐ No

**No**

If you answer 'No', please sign, stamp and return the form.

**Q3: What is this mental health problem? If it has a name or diagnosis, what is it?**

**Q4: Does the person have a mental health problem that affects their ability to manage their money?** ☐ Yes ☐ No

If yes, can you explain 'how' it affects their ability? This can improve any help the person is given.

**You might want to consider:**

- condition-specific difficulties.
- concentration, motivation or memory difficulties.
- time spent away from home (e.g. inpatient admission); and
- receiving help from another person (for example, under a power of attorney).

**Q5: If the person is receiving treatment or support for this mental health problem, does this affect their ability to manage their money?** ☐ Yes ☐ No

If yes, can you explain 'how' it affects their ability? This can improve any help the person is given.

**You might want to consider:**

- effects of treatment or care.
- medication or side effects.
- periods spent in hospital; and
- any consequences of waiting for treatment.

**Q6: When communicating with the person, are there any special circumstances that we need to take into account?** ☐ Yes ☐ No

If yes, can you explain 'how' it affects their ability? This can improve any help the person is given.

**You might want to consider:**

- their understanding; and
- which form of communication might be best for the person (telephone, text messages, email, letter, or in person)?

**Q7: What was the approximate date when:**

(a) this mental health problem first started \_\_\_\_\_ →

(b) the first treatment was given \_\_\_\_\_ →

(c) the most recent episode of this mental health problem took place \_\_\_\_\_ →

(d) Is this episode currently ongoing? ☐ Yes ☐ No

(e) They are likely to require additional financial support until \_\_\_\_\_ →

MM

YYYY


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**Q8: Is there anything else we should know about the person?**

**Please consider:**

- relevant physical health problems; and
- other relevant information.

**Please sign, stamp and return this form.**

**Signature:**

**Address:**

**Print name:**

**Date:**

**Service or organisational stamp:**

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