

Revenues Unit

Civic Centre
Howden South Road
Livingston
West Lothian
EH54 6FF

Confirmation of Council Tax Status - Patients in Long Term Care

The person who is liable to pay the Council Tax (or someone appointed to act on their behalf) should complete this form. Please use BLOCK CAPITALS and black ink. Please read the explanatory notes before completing the form.

PART 1. Details of the person who is in long term care

Full Name:

Date of
Birth:

Name and address of,
hospital, care facility,
nursing/residential home or
hostel

 Postcode:

Previous home address:

 Postcode:

Move out
date:

Relationship to previous
home address:
(Please tick)

Owner

☐

Tenant

☐

Name and address
of landlord:

 Postcode:

Other

☐

Please clarify:

Is the property
unoccupied?

Yes

☐

(move to Part 2 **or** 3)

No

☐

(please give details below)

Full name of residents aged 16 years or over (including title: Mr, Miss, Mrs, Ms, Dr, etc.)		Date moved In	Date of Birth (if 16 or 17)	Please tick box	
				Owner	Tenant

Part 2. This section must be completed if someone acting on behalf of the person who is liable for paying Council Tax for the property has filled in the form.

What is your relationship to the liable person?

(For example, relative, friend, support worker)

Your full name:

Your address (if you are representing an organisation, please give their name and address):

Postcode:

Your email address:

Your daytime telephone number:

By law West Lothian Council must protect the money we manage. We will share information you give us with other organisations responsible for auditing or managing public funds, to prevent and detect fraud. We will review awards of discount and exemption and reserve the right to use credit reference agencies to validate any such awards.

Declaration

I declare that to the best of my knowledge the information given on this form is true and correct. I understand that it is an offence to knowingly make a false declaration. The penalties include prosecution for fraud. I understand that enquiries may be made to verify the information given. I am aware that if there is a change of circumstance that may affect entitlement to discount or exemption the Council must be notified immediately.

Signature:

Date:

Part 3. This section must be completed if the person who is liable for paying Council Tax for the property has filled in the form.

Declaration

I declare that to the best of my knowledge the information given on this form is true and correct. I understand that it is an offence to knowingly make a false declaration. The penalties include prosecution for fraud. I understand that enquiries may be made to verify the information given. I am aware that if there is a change of circumstance that may affect my entitlement to discount or exemption I am required to notify the Council immediately.

Signature:

Date:

Daytime telephone number:

Email address:

If you have provided us with an email address we will send your bill to you electronically.

If you want to receive a paper bill by post please tick this box

☐

Part 4. To be completed by an authorised member of staff within the hospital, care facility, nursing or residential home or hostel providing the treatment or care.

Please answer the questions below and return the form to the patient or the person acting on behalf of the patient.

Patient Name:

Admission Date:

Name and address of hospital, care facility, nursing/residential home or hostel:

Postcode:

Please tick the relevant box to indicate if the stay is short or long-term.

Short Term:

☐

For Council Tax purposes, 'long-term' means –

Long Term:

☐

- The patient is not expected to be discharged from hospital
- The patient is awaiting a permanent place in a residential home
- It is decided that the patient will remain in care for more than 52 weeks

If the stay is short-term, please confirm the expected discharge date:

Is the patient awaiting permanent placement in a residential home? (Please tick)

Yes

☐

No

☐

Was the patient transferred from another institution where care or treatment was being provided?

☐

(Complete section 4B)

Yes

☐

(Complete section 4A & 4B)

Part 4A	If the patient was transferred from another institution that was providing care or treatment, please confirm the following:
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Name and Address of the institution from which the patient was transferred:

Postcode:

Date of transfer

--

Period the patient was resident at the above institution?

From

--

To

--

Part 4B	Please sign the form and confirm your contact details below.
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Signature:

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Print Name:

--

Status (e.g. Staff Nurse, Manager):

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Date:

--

Email Address:

--

Telephone Number:

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Explanatory Notes – Council Tax Status - Patients in Long-Term Care

The full Council Tax bill assumes that there are two adults living in a property. Someone receiving care or treatment indefinitely or permanently in a National Health Service or Armed Forces hospital, a residential care home, a nursing home, a private hospital or a hostel, may be disregarded for Council Tax purposes. This means that they will not be counted when looking at the number of adults resident in a property.

As a result of a person being disregarded, a Council Tax discount may be awarded. Where all of the people liable for paying Council Tax for a property are in 'long-term care', the property may be exempt.

For Council Tax purposes, 'long-term' means –

- the patient is admitted on a permanent basis, **or**
- it is not expected that the patient will be discharged from hospital, **or**
- the patient is in hospital awaiting permanent admission to a long term care institution, **or**
- a decision has been made that the patient will remain in care for more than 52 weeks

Where a patient was originally admitted for a short stay and is then subsequently deemed to require long-term care as per the above definitions, discount or exemption will be calculated from the date the care commenced.

To apply for discount or exemption –

- (a)** Parts 1 and 3 of the application form must be completed by the person who is liable for paying the Council Tax; **or**
- (b)** Someone appointed to act on behalf of the person who is liable for paying the Council Tax must complete Parts 1 and 2 of the form
- (c)** **In all cases**, the institution providing the care or treatment must complete Part 4 of the form

If you have any questions, please telephone 01506 280000 (option 2) or email us at CouncilTax@westlothian.gov.uk

The completed form should be returned to –

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Alternatively, you can hand the information in at your local Council Information Service Office.

Payment must not be withheld pending the outcome of an application for discount or exemption.