

Name

Address

.....

Postcode Telephone

Your Council Tax Account Number

.....

Hospital/Residential/Nursing Home Enquiry Form

How to complete this form

Exemption or Discount may be given on a Council Tax Account if a person is a patient in a hospital, residential or nursing home. To find out if you qualify for an Exemption or Discount we need to ask some questions about the patient. Please read the following notes and then fill in the form in **BLOCK CAPITALS** using black ink.

This form has been designed to be easy to understand and simple to complete. If you have any difficulty with any part of the form or if you require further details, we would like to help you. Please contact Revenues and Benefits by telephoning the Council Tax Customer Care Section on 08456 080921, emailing us on counciltax@aberdeencity.gov.uk or by writing to us at the address shown overleaf

Exemption or Discount can only be awarded if the patient's residence in the hospital/residential/nursing home is likely to be indefinite or permanent.

If you feel that a person normally resident in your household meets the conditions noted above, we need to find out more details about that person.

There are three parts to this form:

- Part 1 should be filled in by the **patient, relative or agent acting on behalf of the patient.**
- Part 2 should be filled in by the **hospital or residential/nursing home.**
- Part 3 should be signed by the **liable person** (the person whom the Council Tax Bill is sent) **or relative or agent acting on behalf of the patient.**

Any information given will be treated in the strictest of confidence.

PART 1 Patient details (to be filled in by the patient, relative/agent acting on behalf of the patient)

Patient's full name

Patient's date of birth

Is the patient's home address vacant?.....

If no, who lives there(relationship to patient?)

Has the patient sold his property or terminated the lease since entering hospital or do they intend to do so in the future Yes No

If yes, please give details (Date and name of new owner/tenant)

.....

This form should now be given to the hospital or residential/nursing home so that Part 2 can be filled in. Please sign the authorisation below and hand this form to the hospital or residential/nursing home as soon as possible.

I authorise the hospital/home to give the information requested overleaf.

Signed Date

(If you signed on behalf of the patient, please fill in the following details)

Your name and address:

Telephone No: Email:

What is your relationship to the patient:



PART 2 Hospital or Residential/Nursing Home details (To be filled in by the hospital or home)

The person named overleaf has indicated that he/she is currently a patient in your hospital/home.
Please answer the questions below and then return this form to the patient, relative or agent acting on behalf of the patient.

Name and address of person acting on behalf of the hospital/home:
.....
.....

Date of admission: Confirm if long-term patient: Yes No

Has the patient been transferred from another hospital/home? Yes No
If yes, please give the name and address of the hospital/home and date of admission:
.....
.....

Please print your name and position:

OFFICIAL STAMP

If you do not have an official stamp please tick this box

Signed

Date

Please ensure this form is stamped

Please state a contact name and telephone number should we require further information
.....
Email Telephone No.

PART 3 Declaration (To be signed by the liable person or relative or agent acting on behalf of the patient)

I declare that the information on this form is true and correct. I undertake to inform you of any change in circumstances as soon as the change occurs.

Signed.....Date

Please note that under the National Fraud Initiative details of your claim may be compared with records within this council and other public bodies. For more information please log on to www.audit-scotland.gov.uk/work/nfi.php