

## COUNCIL TAX RELIEF CLAIM FORM PROVIDING OR RECEIVING CARE ELSEWHERE

A full Council Tax bill assumes that there are two adults (aged 18 or over) in a household. Some household members are disregarded for the purposes of Council Tax Discount.

**Providing or Receiving Care Elsewhere** – Someone who provides or receives personal care away from their sole or main residence because of old age, disablement, illness, past or present alcohol or drug dependence or past or present mental disorder.

To work out if you are due a discount we look at the circumstances of all residents (see below) in a property. We then count all adults who are not disregarded. If after doing the count all but one of the adults are disregarded a 25% discount is awarded.

**Resident** – Someone aged over 18 years who has his or her **Sole or Main Residence** in the property.  
**Sole or Main Residence** – Where a person is absent from the household, e.g working elsewhere, this person is associated with 2 properties. In these circumstances the Council must make a determination as to what that person’s “sole or main residence”. In the majority of these situations the person’s main residence is the “family” home.

**Your Name:**

**Property Address:**

**Please detail below anyone aged 17 or over who is resident (see above) in your property.**

Name	Are they providing/ own the receiving care elsewhere?	Do they property?	Date of Birth (for 17 year olds)
_____	Yes / No	Yes /	_____
_____	Yes / No	Yes /	_____
_____	Yes / No	Yes /	_____
_____	Yes / No	Yes /	_____

**Declaration :**

1. I have read and understood the contents of this form.
2. I confirm all the information given is a true and full statement.
3. I will notify Falkirk Council immediately if my circumstances change.

Signed  Date  Daytime Tel. Number   
(in case of query)

**Now have the certificate on the reverse of this form completed by the Hospital/Care home and return it by email to [revenues1@falkirk.gov.uk](mailto:revenues1@falkirk.gov.uk) or by post**

<b>Please help us by setting up ebilling</b>	
Rather than posting out a paper Council Tax bill, we will email you a PDF bill instead.	
Please tick if you would like to help and do this :	<input type="checkbox"/>
<b>YOUR EMAIL ADDRESS:</b>	

# COUNCIL TAX

## Providing or Receiving Care Elsewhere

Care means personal care required because of old age, disablement, illness, past or present alcohol or drug dependence or past or present mental disorder.

### Details:

Name of person providing/receiving care elsewhere:

Home Address:

What type of personal care is being provided/received?

From what date has care been provided/received elsewhere?

How long is this care likely to last?

Address care is being provided/received:

**Provide written confirmation from the patients Doctor or Consultant of the date care started, how long it is likely to last and where care is being received/provided in a domestic dwelling, evidence that the care is medically approved.**

### Declaration:

1. I have read and understood the contents of this form.
2. I confirm all the information given is a true and full statement.
3. I will notify Falkirk Council Revenues Service immediately if my circumstances change.
4. I confirm the care provided or received is required for one of the reasons stated above.

Signed

Date

Daytime  
telephone no.

(in case of query)