



Property No

Council Tax

Name
Address
.....
.....
..... Postcode

Reference Number
Issue Date
Return By Date

Carer Enquiry Form (Voluntary)

Introduction

If a carer lives in your home to provide care for a household member, we may be able to give you a discount on your Council Tax Bill. To find out if you qualify for a discount we need to ask some questions about the carer. Please read the undernoted carefully.

If the carer is Voluntary, they must satisfy the following conditions:

- be resident in the home where they are providing caring or in premises which have been provided for the better performance of the work.
- must not earn more than £44.00 per week
- must provide care for more than 24 hours per week
- must have been introduced to the cared for person by a local authority/charitable organisation.

How to complete the form

If you feel that a member of your household meets the conditions of the full-time carer, as 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 **voluntary carer**

Part 2 should be filled in by the **organisation with which the voluntary carer is registered**

Part 3 should be signed by you as the **liable person** (the person to whom the council tax bill is sent)

Please use BLOCK CAPITALS when filling in the form.

Part 1 Voluntary Carer's details (to be filled in by the full-time carer)

Carer's full name

Address

..... Telephone No.

Name of person(s) being cared for Date of Birth

When did you start providing care for the person

Are you providing care on behalf of any of the following? Tick as appropriate

Local Authority/Crown Charitable Organisation

Is the cared for person severely mentally impaired? Tick as appropriate Yes No

This form should now be given to the organisation you are representing, so that Part 2 (overleaf) can be filled in. Please sign the authorisation below and hand this form to the organisation as soon as possible.

I authorise the organisation I am representing to give the information requested overleaf.

Signed Date

Part 2 Local Authority/Crown Charitable Organisation details

(to be filled in by the organisation)

The person named overleaf has indicated that they are currently working as a carer. Could you please answer the questions below and then return this form to the carer.

Please give the name and address of your organisation

Please give the date that the carer began providing care for the patient overleaf.....

Please print your name and your position

..... Telephone Number

Signed

Date

Official Stamp

Part 3

DECLARATION BY APPLICANT

I declare that the information I have given on this form is correct and complete to the best of my knowledge. I will undertake to inform the Council of any change in my circumstances as soon as the change occurs. I authorise the Council to make any necessary enquiries to verify the information given on this form.

Signature Date

Print Name Telephone No.

Email Mobile Telephone No.

Any information you provide will be used and retained on computer by this Authority, and will be shared with other government bodies, including Scottish Water, in accordance with the Data Protection Act 1998.

Please return this form to: Aberdeenshire Council, PO Box 18533, Inverurie, AB51 5WX.

If you wish further information regarding this form or any other Council Tax query, please contact us by:

Telephone: 08456 08 12 01 **Email:** council.tax@aberdeenshire.gov.uk **Visit our website:** www.aberdeenshire.gov.uk/counciltax