



For Office Use Only

CT17a 03/06 (I)

Payment Ref	
Date	

# Council Tax: Care Worker Certificate

## Voluntary Unpaid Care Workers

**To be completed by the Care Worker in BLACK INK**

1. Name \_\_\_\_\_

2. Name of the person you provide care for \_\_\_\_\_  
 To be considered a careworker the person being cared for must not be your partner or child (if under 18 years of age).

3. Number of hours per week care is provided

4. The person being cared for is receiving one of the following benefits.

Please tick

Higher rate Attendance Allowance

Highest rate of care component of Disability Living Allowance

Industrial Injury Benefit with highest rate Constant Attendance Allowance

War Disablement Pension with highest rate Constant Attendance Allowance

Please provide evidence, for example, a copy of the award letter. **DO NOT** send in a payment book.

Signed

Date

Daytime Phone No.   
 ( in case of query )