

Free School Meals Application

Name	<input type="text"/>	Reference	<input type="text"/>
Address	<input type="text"/>		

To qualify for Free School Meals, you must :-

Be responsible for the child or children concerned, this normally means that you will be receiving Child Benefit for them **and** be in receipt of one of the following;

Please tick all benefits that you are receiving;

- | | |
|--|--|
| Child Benefit | <input type="checkbox"/> |
| Income Support | <input type="checkbox"/> |
| JSA (IB) | <input type="checkbox"/> |
| ESA (IR) | <input type="checkbox"/> |
| Guarantee Pension Credit | <input type="checkbox"/> |
| Working Tax Credit Run-On | <input type="checkbox"/> Please state end date _____ |
| Child Tax Credit and your income for Tax Credit purposes must be less than £16,190.00 (details are shown on your award notice) | <input type="checkbox"/> |

You do not qualify if you are in receipt of Working Tax Credit

IMPORTANT
YOU MUST PROVIDE PROOF OF THE INCOME DECLARED ABOVE

If you satisfy the requirements for your child / children to receive Free School Meals, and submit the information required above, the school(s) that your child / children attend will be informed of this and Free Meals will be available immediately.

If you receive support under Part VI of the Immigration and Asylum Act 1999 your child / children should qualify for Free School Meals. Please complete this form and submit this to your child's school with proof of your immigration status.

If you have any queries regarding Free School Meals, please contact us using the details shown above.

I(name) wish to claim Free School Meals for the child / children listed below :-

Name of Child	Date of Birth	Name of School or Nursery they attend

National Insurance Number

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Date of Birth

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Have you made a claim for Housing / Council Tax Benefit? Yes No

Declaration

I / we declare that the information given above is correct and complete to the best of my / our knowledge.

I / we authorise the Council to make any necessary enquiries to verify the information provided.

I / we understand that if I / we have given information that is incorrect or incomplete I / we may be prosecuted.

I / we agree to notify the Council Benefit section of any changes which might affect my / our benefit.

Your
Signature

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Date

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Partners
Signature

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Date

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**Please return completed form to: - Benefits Service, Civic Centre, Regent Street,
Gateshead, NE8 1HH**

[BEN:ClaimReference]