

Free School Meals Application

Name

Reference

Address

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**
- You must be in receipt of either :-
 - Income Support / Guarantee Pension Credit
 - Income Based Job Seekers Allowance (JSA-IB) / Employment and Support Allowance (ESA Income related)
 - Child Tax Credit (**but NOT Working Tax Credit**) and you income for Tax credit purposes must be less than £16,190.00 (details are shown on your Tax Credit award notice)
 - Support under Part IV of the Immigration & Asylum Act 1999

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

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

IMPORTANT

If you stop receiving any of the benefits listed above, you stop being responsible for the child / children concerned, or your Tax Credit entitlement changes –

YOU MUST INFORM THE COUNCIL BENEFIT SECTION IMMEDIATELY

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

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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I am in receipt of :-

Please tick as appropriate and

- Income Support
- JSA (IB) / ESA (IR)
- Guarantee Pension Credit
- Child Benefit
- Child Tax Credit
- Support under Part IV of the Immigration & Asylum Act 1999

I am a :-

Please tick as appropriate

- Council Tenant
- Private Tenant
- Owner Occupier
- Non-Householder

IMPORTANT

YOU MUST PROVIDE PROOF OF THE INCOME DECLARED ABOVE

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

--

E-mail

--

Telephone

--

Have you made a claim for Housing / Council Tax Benefit?

Yes No