

APPLICATION FORM FOR FREE SCHOOL MEALS

Before completing this application form, please read the following notes:

- 1. Free School Meals can only be awarded if you or your partner are claiming any of the following benefits:-
 - Income Support;
 - Income Based Job Seekers Allowance;
 - Income Related Employment and Support Allowance;
 - Guaranteed element of State Pension Credit;
 - Child Tax Credit only provided you are **not** receiving Working Tax Credit and you do not have an annual income that exceeds £16,190
 - (as assessed by H.M. Revenue and Customs);
 Note: If you are receiving Working Tax Credit during the 4-week period immediately after your employment stops (proof required), OR after you start working less than 16 hours per week (proof required), your children will be entitled to free school meals. A claim **must** be made immediately your circumstances change and free meals will be awarded for that 4-week period until your claim for one of the above qualifying benefits has been processed by the relevant agency.
 - Support under Part V1 of the Immigration and Asylum Act 1999.
- 2. You are required within this free school meal application form to give your name, date of birth and National Insurance Number. With this information we will check your free school meal eligibility on line. Once your details have been confirmed on line, your free meal award date will start from that day. If you wish to query your free meal start date, please contact the Free School Meal team on 0345 678 9000.
- 3. If your free meal eligibility details are not confirmed and you still wish to pursue your free meal application, you will be required to provide an up to date copy of your benefit letter or award notice showing you are receiving one of the benefits mentioned above. If you are in any doubt, please contact Free School Meals on the number above.
- 4. You only need to complete ONE application form for ALL your children, even if they attend different schools.

Whilst your child or children are receiving Free School Meals please let us know if:

- You change address;
- Your name changes or your child or children's legal name changes;
- The person claiming benefit changes;
- The type of benefit you receive changes.

For further help or assistance in completing this application, Please contact our Customer Services Centre on 0345 678 9000 Fax: 01743 254500 e-mail: fsm@shropshire.gov.uk www.shropshire.gov.uk

APPLICATION FORM FOR FREE SCHOOL MEALS IMPORTANT INFORMATION – PLEASE PRINT CLEARLY

Section A - Applicant's details:

Full details of person claiming/receiving benefit (please write clearly):					
Title	Surname	First Name			
Mr/Mrs/Miss/Ms/Other:					
Date of Birth:					
National Insurance Number:					
Address:					
		Post Code:			
Contact Telephone Number(s):					
Relationship to child/children eg. Parent.Carer:					

<u>Section B</u> - <u>Dependent Children</u> – are those who you receive Child Benefit for, who live with you and are in full-time attendance at school. I wish to claim Free School Meals for the following:

Surname	First name(s)	Date of Birth	Present School

<u>Section C</u> - Please tick box if you are a Student claiming a benefit in your own right and claiming free school meals for yourself.

Please read and sign the Declaration below:

I declare that I am in receipt of a qualifying benefit to receive Free School Meals and that the information given is true and correct. I understand that giving false information may lead to legal proceedings.

I acknowledge that the information I have given will be placed on a computer and will be used for the purpose of ascertaining my free school meal eligibility. By signing this form, I will be giving my consent to transfer information to other Agencies and schools.

Signature of Applicant: Date:

And finally, please check you have completed Sections A and B correctly and signed this form.