

## APPLICATION FOR FREE SCHOOL MEALS

<b>Claims cannot be processed without the Date of Birth (D.o.B) and National Insurance Number or National Asylum Support Service Number of the Claimant</b>									
Full name of claimant:								(Mr/Mrs/Miss/Ms)	
Address:									
						Postcode:			
D.o.B of claimant						Telephone:			
National Insurance Number or National Asylum Support Service Number									
<b>Children for whom you are claiming</b>									
Legal First Name	Legal Surname	M/F	D.o.B	School			Relationship to Claimant		

I wish to claim Free School Meals for the above children. I confirm that I have parental responsibility for the child(ren) and am either eligible for and/or in receipt of one of the following (please tick):

Child Tax Credit but <u>do not</u> receive Working Tax Credit and that my annual household income is less than £16,190 (PLEASE NOTE IF YOU ARE RECEIVING WORKING TAX CREDIT, OR IF YOU HAVE A PARTNER AND THEY ARE RECEIVING WORKING TAX CREDIT, REGARDLESS OF INCOME, YOU WILL NOT QUALIFY)	
Income Support	
Income-Based Job Seekers Allowance	
Income Related Employment and Support Allowance	
The Guarantee Element of State Pension Credit	
Universal Credit with family net earnings of £7,400 or less	
I am an Asylum Seeker	

By signing this form I agree that you will use the information I have provided to process my claim for free school meals to verify my initial and ongoing entitlement and that you may contact other sources as allowed by law to confirm this. I also agree that should my initial application be refused further checks may be periodically automatically made for 30 days to see if I later become entitled. I agree that you can inform the school(s) attended by my child(ren) of their initial and ongoing entitlement to free school meals. I also understand that the results of any eligibility check may also be used to assess entitlement to receive free travel to school or eligibility of pupil premium, or create a free school meals claim for a sibling at a later date if they are entitled.

I agree that the information provided on this application form will be used to ensure that the council's records are correct and may also be shared with other agencies and service providers to ensure that my family receives an appropriate service. The full data protections statement can be found at <https://www.staffordshire.gov.uk/health/childrenandfamilycare/yourdata/Yourdata.aspx>.

I agree that the information I have provided is true to the best of my knowledge, and understand that any false or deliberately misleading information provided on this form and/or supporting papers may render this application invalid and could lead to the withdrawal of free school meals. I also agree to notify the Free School Meal Service and school of any change of address. I agree that the Free School Meals Entitlement Service can contact any relevant agencies in order to validate this application.

Signature of claimant: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE NOTE CLAIMS WILL NOT BE BACKDATED

When completed this form should be returned to:

Free School Meals Entitlement Team, Staffordshire Place, Tipping Street, Stafford ST16 2DH

**FOR OFFICE USE:**

CHECK DATE		ENTITLED?		CLAIM START		CHECKED BY	
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