

APPLICATION FOR FREE SCHOOL MEALS

NEW APPLICATION / REASSESSMENT / REINSTATEMENT

(Please read notes overleaf carefully before completing)

CONFIDENTIAL

SECTION A (PLEASE PRINT IN CAPITAL LETTERS)

Parent/Guardian's Surname	First Name (in full)	Title (eg. Mrs)	Date of Birth	*Delete as applicable
1. (Person Claiming Benefit)				*Mother/*Father/ *Guardian
2.				*Mother/*Father/ *Guardian
Full Address:				
			Postcode:	
Home/mobile no:		Email Address:		

List **ALL the children that live with you**, of school age as well as any child who is attending Nursery School. Please write 'N' against the Nursery School name

SECTION B

Legal Name of Child(ren)		Date of Birth	Age	Name of School attended by Child(ren)	OFFICE USE ONLY
Surname	First Name				

SECTION C (please tick which benefit applies)

Income Support Employment Support Allowance (Income Related) Income Based Jobseekers Allowance Guarantee Element of State Pension Credit

Receives Child Tax Credit only (**No Working Tax Credit**) and your taxable income is below £16,190 (as shown on your tax credit award summary, TC602) or a 4 week Working Tax Credit run on

Supported under Part VI of the Immigration and Asylum Act 1999

Working Tax Credit does NOT qualify you for Free School Meals unless you are claiming a 4 week Working Tax Credit Run on

PROOF MUST BE PROVIDED WITH THIS APPLICATION FORM FOR HELP AND MORE DETAILS PLEASE SEE OVERLEAF

NATIONAL INSURANCE NUMBER: (person claiming benefit)

SECTION D

3. DECLARATION (This **MUST** be signed by the person claiming benefit).
 I certify that the information given is to the best of my knowledge and belief correct and I undertake to notify the Council immediately of any change to the circumstances set out on this form. I understand that the Council may check any of the facts given with other agencies.

Signed Date

COMPLETED FORMS TO BE RETURNED TO:
Your local area office which can be located on the attached map
PLEASE MAKE SURE YOU HAVE ENCLOSED PROOF OF YOUR BENEFIT.
YOUR FORM WILL BE RETURNED AND YOUR CLAIM DELAYED IF PROOF IS NOT PROVIDED

SECTION E - FOR OFFICE USE ONLY

Documents seen:	Parent/Guardian Notified:	Claim closed:
Benefit with effect from:	Schools informed:	Claim rejected:
Checked by:	Entitled from:	Reassessment due:

NOTES TO HELP YOU WHEN COMPLETING YOUR FREE SCHOOL MEALS APPLICATION FORM

Section A

Please make sure you print your details in **CAPITAL LETTERS**. Fill in all the boxes, putting 'N/A' if any box does not apply to you.

It is important to include your name(s) and your partner's name(s), (if any), together with your full address, postcode and date of birth (this is required by other agencies if further checks are needed). It is especially important to let us have in box 1 the name of the person claiming the qualifying benefit.

Section B

We need to know the names of ***all the children that live with you*** (of school age) and their schools, as well as any child who is attending nursery school, but not those who attend Colleges of Further Education. Please note you can only apply for free school meals for children that live with you and that you are financially responsible for (You should be claiming Child Benefit and Child Tax Credit for each child).

Section C

1. We need to see proof of your benefits. This proof can be either:
 - a recent DWP letter (received within the last three months) stating you are entitled to Income Support, Employment Support Allowance (Income Related) or Income-Based Jobseekers Allowance
 - a Pension Credit M1000 award notice
 - a Tax Credit Award Notice (TC602).

You can post or bring the completed form and suitable documentation to the address shown on the front of this form, or take it to your child's school.

If you do not have any of the above documentation, please contact your Benefits Delivery Centre, The Pension Credit Office or The Inland Revenue for proof of entitlement. Bank Statements are not acceptable evidence of entitlement, as they do not state a benefit name. Forms received with no accompanying documentation or insufficient/incorrect proof will be returned and your application delayed. Free School Meals will only start when your application has been processed by this office.

2. You **MUST** let us have the National Insurance Number of the person claiming the benefit. You can find this on your unemployment documents, on a letter from the DWP or on your TC602. This may also be known as your reference number. It has 9 letters and numbers, and looks similar to this:

AB 12 34 56X

Section D

Please read the declaration before signing the form and remember that the person claiming the benefit must be the one to sign and date the form. **Also note** that you must let this office know immediately if you are no longer eligible for free school meals. Failure to do so may result in you being asked to pay for meals already taken after your circumstances changed.

Section E

This is for our use only. You should not fill it in.

If you need any further assistance in completing the form please telephone your Local Area Office as shown on the attached map and ask for Free School Meals.



Please check the town/village where you live on the map above and post or hand in your application and documentation to the administration office which deals with your area:

Northern Area
 Education Office
 Clapham House
 Clapham Road
 Lowestoft
 NR 32 1QX

Southern Area
 Education Office
 St Edmund House
 Rope Walk
 Ipswich
 IP4 1LZ

Western Area
 Education Office
 West Suffolk House
 Western Way
 Bury St Edmunds
 IP33 3YU

Telephone:
 01502 405177

Telephone:
 01473 584784

Telephone:
 01284 758883

Alternatively, you can also hand your application and documentation in to one of our Service Centres:

Customer Service Direct

54 Ipswich Street
 Stowmarket
 IP14 1AD

131 High Street
 Needham Market
 IP6 8DL

6 Cross Street
 Eye
 IP23 7AB