

Means Tested Free School Meals Application

Name	<input type="text"/>	Your E-mail	<input type="text"/>
Address	<input type="text"/>	Your Telephone	<input type="text"/>

To qualify for Means Tested 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"/> |
| Universal Credit | <input type="checkbox"/> |
| Guarantee Pension Credit | <input type="checkbox"/> |
| Working Tax Credit Run-On | <input type="checkbox"/> <i>Please state end date</i> _____ |
| 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

In some circumstances you may need to provide evidence of your income, we will contact you should we require this.

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

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 Benefit / Council Tax Support? 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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Apply by:

Returning the completed form to:-

Benefits Service, Civic Centre, Regent Street,
Gateshead, NE8 1HH

or, Telephone Free School Meals on:-

0191 433 3729