



Telephone: 01905 766182  
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Our Ref: SIPS/FSM/April2009

## **FREE SCHOOL MEALS APPLICATION FORM**

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

1. Complete the application form fully. You **MUST** provide all the information we have asked for so that we can carry out a benefit check. You **do not** have to send in evidence of the benefits you receive. (See Note 6)
2. To qualify for Free School Meals, you must be in receipt of one or more of the following benefits:
  - a) **Income Support**, or
  - b) **Job Seekers Allowance - Income Based**
  - c) **Employment and support allowance – Income Related**
  - d) Support under **part VI of the Immigration and Asylum Act 1999**
  - e) **Child Tax Credit**, provided you are **not entitled to Working Tax Credit** and have an annual income, as assessed by HM Revenue & Customs that does not exceed **£16,040**
  - f) **Guarantee element of State Pension Credit**
3. All applicants must complete Sections **A** and **B**.
3. You only need to complete one form for all of your children, even if they attend different schools.
4. Whilst your child/ren are eligible for Free School Meals you must tell us of any change in your circumstances as this may affect your entitlement to Free School Meals.
5. Your claim will be reviewed on a regular basis.
6. Once we receive your completed application form we will check your benefit entitlement with data held by the Department of Work and Pensions, the Home Office and HMRC (Revenue and Customs) through a central Hub. If we cannot confirm your entitlement through this process we will contact you to ask you to provide up-to-date evidence of the benefit you receive.
7. We will inform you and your child/ren's school in writing whether or not your child/ren are entitled to free school meals and the date that the meals will start.
8. Your child/ren will receive free school meals whilst you are in receipt of one or more of the qualifying benefits listed above. If this benefit stops, or your Tax Credit Award is reassessed, you must inform us (Local Authority) immediately. You may be required to repay the cost of any meals received from the date this benefit is ceased or reassessed.

If you have any questions you can look at our frequently asked questions at:-  
<http://worcestershire.whub.org.uk/home/wccindex.htm> click on the Free School Meals section under the Apply for it heading, contact us on (01905) 766182 or you can email us at [freeschoolmeals@worcestershire.gov.uk](mailto:freeschoolmeals@worcestershire.gov.uk)

When completed, please return this form, with proof attached, to:  
Schools Information & Planning Section (Ref. FSM),  
Children's Services, P.O. Box 73, Worcester WR5 2YA  
or hand it in at your child's school.

T/A:

**SECTION A (to be completed by all applicants)**

	<b>YOUR DETAILS</b>	<b>YOUR PARTNERS DETAILS</b>	<b>YOUR ADDRESS</b>
<b>Please Circle</b>	Mr Mrs Ms Miss	Mr Mrs Ms Miss	
<b>First Name</b>			
<b>**Surname</b>			
<b>**Date of Birth</b>			
<b>**National Insurance No.</b>			<b>Postcode</b>
<b>Relationship to child (Parent/Guardian)</b>			<b>Contact Number (s)</b>
<b>Have you applied for Free School Meals before?</b>			<b>Yes / No</b>
<b>Are any of your children receiving Free School Meals at present?</b>			<b>Yes / No</b>
<b>Office Use only</b>	<b>Benefit Check ( ✓ )</b>	<b>Benefit Check ( ✓ )</b>	

**\*\* A BENEFIT CHECK CANNOT BE CARRIED OUT WITHOUT THESE DETAILS**

**SECTION B (to be completed by all applicants)**

Please give details below of all of your children for whom you wish to claim Free School Meals.  
*(It is beneficial to the school if you claim for ALL your children who are eligible for F.S.M)*

SURNAME	FIRST NAME(S)	DATE OF BIRTH	PRESENT SCHOOL

**SECTION C (to be completed by the Benefit Agency/Job Centre, where no other proof is available)**

I hereby certify that Mr./Mrs./Ms./Miss.....  
of the above address, is currently in receipt of either Income Support / Job Seekers Allowance – Income Based /  
Employment and Support Allowance – Income Related.

National Insurance No. ....

Signature of Officer at Benefit Agency / Job Centre.....

Date..... Official Stamp

I certify that the information given is correct and I agree to inform my Local Authority immediately if this benefit stops or if any Tax Credit is re-assessed. I agree that you will use the information I have provided to process my claim for free school lunches and will contact other sources as allowed by the law to verify my initial, and ongoing, entitlement.

I understand that the results of any free school lunch eligibility check may also be used by other County Council departments to assess my entitlement to receive additional 'benefits' e.g. free travel to school and uniform grants.

**Signature of Applicant**.....**Date**.....

**FOR OFFICE USE ONLY**

<b>CHECKED BY</b>	<b>AWARD DATES</b>
	From To