



Telephone: 01905 766182
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Our Ref: SIPS/FSM/April 2010

FREE SCHOOL MEALS APPLICATION FORM

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

1. To qualify for Free School Meals, you must be in receipt of one or more of the following benefits:
 - **Income Support**
 - **Job Seekers Allowance - Income Based**
 - **Employment and Support Allowance – Income Related**
 - Support under **part VI of the Immigration and Asylum Act 1999**
 - **Guarantee** element of **State Pension Credit**
 - **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 **£16,190**
*** Note: From 1 May 2009, children are eligible for Free School Meals for a four week period immediately after the parent/carer becomes unemployed, or reduces their hours to less than 16 hours a week, but is still in receipt of Working Tax Credit. You will need to be able to produce a copy of your Tax Credit Decision Notice to claim under this criteria.*
2. Complete Sections **A** and **B** of the application form. You **MUST** provide all the information we have asked for so that we can carry out a benefit check. Once we receive your completed application form, we will check your benefit entitlement with data held by the Department of Work & Pensions (DWP), the Home Office, and HM Revenue & Customs (HMRC) 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.
3. Please list all of your children on this form, even if they attend different schools. Each valid claim helps your child/ren's school. Your child does not have to take their free meal even if they are eligible.
4. 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. Please note that the date of entitlement will start when we receive a valid application and eligibility is confirmed.
Claims can not be backdated.
5. Your child/ren will receive Free School Meals whilst you are in receipt of one or more of the qualifying benefits listed above. If your 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 your benefit ceased or is reassessed.
6. Whilst your child/ren are eligible for Free School Meals, you must tell us of any changes in your circumstances as this may affect your entitlement to Free School Meals.
7. Your claim will be reviewed on a regular basis.

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 email us at: freeschoolmeals@worcestershire.gov.uk

When completed, please return this form 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.

SECTION A (to be completed by all applicants)

FOR OFFICE USE ONLY	T/A:
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	YOUR DETAILS	YOUR PARTNERS DETAILS
Title (please circle)	Mr Mrs Ms Miss	Mr Mrs Ms Miss
First Name		
** Surname		
** Date of Birth		
** National Insurance Number		
Relationship to child (Parent/Guardian)		
Address		
	Postcode	
Telephone Number(s)		
Have you applied for Free School Meals before?	YES / NO	
Are any of your children receiving Free School Meals at present?	YES / NO	
FOR OFFICE USE ONLY	Benefit Check (√)	Benefit Check (√)

**** 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 (FSM).
(It is beneficial to the school if you claim for ALL your children who are eligible for FSM)

SURNAME	FIRST NAME(S)	DATE OF BIRTH	PRESENT SCHOOL

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 reassessed. I agree that you will use the information I have provided to process my claim for Free School Meals, 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 Meal eligibility check may also be used by other County Council departments to assess my entitlement to receive other services, for example: free travel to school and uniform grants, and any others which may occur within the duration of my claim.

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

FOR OFFICE USE ONLY

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