

**APPLICATION FOR FREE SCHOOL MEALS  
(FORM TO BE COMPLETED BY THE CLAIMANT)**

CHILDREN OF FAMILIES RECEIVING INCOME SUPPORT OR INCOME-BASED JOB SEEKERS ALLOWANCE ARE ENTITLED TO RECEIVE FREE SCHOOL MEALS. FAMILIES RECEIVING CHILD TAX CREDIT BUT WHO ARE NOT ENTITLED TO A WORKING TAX CREDIT, AND WHOSE ANNUAL INCOME (AS ASSESSED BY THE INLAND REVENUE) DOES NOT EXCEED £13,230 ARE ALSO ENTITLED. IF YOU RECEIVE ONE OF THESE BENEFITS PLEASE PROVIDE THE FOLLOWING INFORMATION:

Full name and address (including postcode) of person claiming the Social Security Benefit

Mr/Mrs/Miss/Ms.....

.....Postcode.....

Please write your National Insurance Number in this box:

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Please name all dependent children living at home and who are in **FULL TIME ATTENDANCE** at school (One form per family)

Child's Surname	Child's First Name	Date of Birth	Name of School

**ABOUT THE SOCIAL SECURITY BENEFIT YOU ARE RECEIVING**

It is essential that you attach current documentary proof confirming your entitlement to Social Security Benefit. Free School Meals cannot begin until the appropriate evidence has been seen. Proof of Income Support or Income-Based Job Seekers Allowance can be your order book or an appropriate letter from the Benefits Agency or your Job Centre. For those receiving Child Tax Credit you must provide a Tax Credit Award Notice (TC602).

**IF YOU DO NOT HAVE EVIDENCE OF YOUR SOCIAL SECURITY BENEFIT PLEASE ARRANGE FOR THIS FORM TO BE CERTIFIED OVERLEAF BY THE BENEFITS AGENCY/JOB CENTRE.**

/PLEASE TURN OVER

Which of the following benefits are you receiving? (Please tick box)

INCOME SUPPORT

INCOME-BASED JOB SEEKERS ALLOWANCE

CHILD TAX CREDIT

If you are signing on please give the name of the Job Centre .....

**DECLARATION BY PARENT/GUARDIAN**

I certify that the information given above is to the best of my knowledge and belief correct and I undertake to notify the County Council if the benefit I receive ceases. I understand that the County Council may verify any of the information provided.

Signed .....Date.....

**Please return this form to the School or the Education Department, County Hall, Norwich, NR1 2DL.**

<p><b>CONFIRMATION OF BENEFIT to be completed by the Benefits Agency or Job Centre</b></p> <p><b>Which benefit does the confirmation relate to?</b> .....</p> <p><b>Please state the date the benefit started</b> .....</p> <p><b>Signed</b> ..... (On behalf of Benefits Agency/Job Centre)</p> <p><b>Official Stamp</b></p>	<p><b>FOR SCHOOL USE ONLY</b></p> <p><b>Evidence seen &amp; checked (Please attach a copy of the evidence)</b> .....</p> <p><b>Signed.....</b></p> <p><b>School Stamp</b></p>  <p><b>For Office Use</b></p> <p><b>Date Input</b> .....</p> <p><b>Entitled to</b> .....</p> <p><b>Parent Notified</b> .....</p>
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**DATA PROTECTION ACT** - The information provided on this application will be subject to the Data Protection Act 1998. The Education Department will hold it for use on processing your application for Free School Meals. Information may be shared with other agencies for purposes including detection and prevention of fraud. Data will be passed to schools who will use the information to provide the allowance. All information will be held in the strictest confidence. Data will be held for up to 5 years.