FREE SCHOOL MEALS

APPLICATION FOR

Office Use Only



RETURN FORM TO

Benefits Service **(FSM)** London Borough of Camden Town Hall Argyle Street London WC1H 8NJ

Please note: For children in schools **not** in Camden you will have to apply to the borough that maintains the school or to the school itself.

Are you receiving any of the following benefits:

- Income Support
- Income Based Job Seekers Allowance
- Employment and Support Allowance (Income-Related)
- National Asylum Seekers Support (NASS)
- Guarantee Element of the State Pension Credit
- Child Tax Credit Only, but not Working Tax Credit (and have an annual income that does not exceed £16,190)
 If you receive Working Tax Credit and NO other qualifying benefit other than Child Tax Credit you will NOT be
 eligible for Free School Meals.

Details of Parent/ Guardian in receipt of one of the above Benefits

Mr/Mrs/Miss/Ms/Ot	ther	а	а					Date	e of E	Birth	D	D	\mathbb{M}	M	Y	Y	Y	Y
Surname																		
First name (s)																		
National Insurance (This can be found					lette	er)												

Partners Details (If applicable)

Mr/Mrs/Miss/Ms/C	Other								Dat	te of	Birth	Ì	D	D	\mathbb{M}	M	Y	Y	Y	Y
Surname																				
First Name (s)																				
National Insuranc (This can be found		 	 		lette	er)														
Current address address. If they d																	ve wi	th yc	ou at	this
										Pos	st Co	de								
Telephone Numbe	ər						E	-mail												

Personal information that you provide is covered under the Data Protection Act 1998. Under this legislation you have the right to obtain a copy of the information we hold about you.

Details of children (Attach additional pages if necessary)

r									
Child 1	Male Female (please tick) Your relat	ionship to the child							
Surname									
First name		Date of Birth	D	DM	M	Y	Y	Y	Y
Name of school									
Child 2	Male Female (please tick) Your relat	ionship to the child							
Surname									
First Name		Date of Birth	D	DM	M	Y	Y	Y	Y
Name of school									
Child 3	Male Female (please tick) Your relat	ionship to the child							
Child 3 Surname	Male Female (please tick) Your relat	ionship to the child							
	Male Female (please tick) Your relat	ionship to the child		D M	M	Y	Y	Y	Y
Surname First	Male Female (please tick) Your relat	Date of		D M	M	Y	Y	Y	Y
Surname First Name Name of		Date of		D M	M	Y	Y	Y	Y
Surname First Name Name of school		Date of Birth		D M		Y	Y	Y	Y
Surname First Name Name of school Child 4 Surname First		Date of Birth							
Surname First Name Name of school Child 4 Surname		Date of Birth		D M D M	M M M	Y	Y	Y	Y

Once we receive your completed application for Free School Meals we will check your benefit entitlement with data held by Camden Benefits Service, Department for Work and Pensions, the Home Office and HMRC (Revenue and Customs) through a central on-line system. If we cannot confirm your entitlement through this process we will write to ask you to provide up-to-date evidence of the benefit you receive.

DECLARATION

- I understand that my entitlement to Free School Meals will continue only for as long as I receive one of the qualifying Benefits.
- I agree to inform you immediately if my benefits or tax credit entitlement changes.
- I declare that all the information I have given on this form is true to the best of my knowledge and belief.
- I hereby authorise Camden Benefits Service to check my eligibility status with the relevant providers.

Your Signature

Date