

Application for Free School Meals and School Clothing Vouchers

Please complete this form in **BLOCK CAPITALS**

Parent / Guardian Details

You

Title: Mr / Mrs / Ms / Miss

First Name: _____

Last Name: _____

Date of Birth: _____

National Insurance No: _____ or NASS No: _____

Address: _____

Postcode: _____ Telephone No: _____

Relationship of Applicant to Pupil(s): _____

Child / Children's Details

Please enter below the name of each child you wish to claim for who is:

- a) living at home and is **in Full Time Education** and **under 16** or
- b) is **over 16** and **in Full Time Education** at school

First Name	Last Name	Date of Birth	Name of School (From September 2015)
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		/ /	

Please tick the benefit you receive for your child / children

- Child Tax Credit with **NO** Working Tax Credit
- Working Tax Credit Run On (for four-week after finishing work)
- Income Support
- Income Based** Jobseekers Allowance (Not contribution based)
- Income Related** Employment and Support Allowance (Not contribution related)
- Guaranteed Element** of State Pension Credit
- Support under Part VI of the Immigration & Asylum Act 1999
- I/We have an Annual Income of **below £16,190** (as assessed by Her Majesty's Revenue & Customs) **with no Working Tax Credit**
- Universal Credit

Children who receive Income Support or Income Based Jobseekers Allowance in their own right are also entitled to receive Free School Meals

- Please Note:**
- Cumbria County Council has the facility to check benefit entitlement. This means that you do not need to send proof of benefit at this stage, however if we are unable to establish your entitlement we may request current documentary evidence.
 - You may not qualify if you are in receipt of Working Tax Credit.
 - You will be charged for all school meals taken prior to confirmation of entitlement.

Declaration

I certify that the information given by me regarding income/benefits is correct to the best of my knowledge and belief. I authorise Cumbria County Council to use the information I have provided to process my claim for Free School Meals and to contact other sources allowed by law to verify my initial and ongoing entitlement. It will not be shared with any other parties.

I will inform the Free School Meals Service and my child's school immediately if I no longer receive the qualifying benefit or if any of my personal details (ie: address / name) change. I understand the Local Authority has a duty to protect public funds and may use the information provided on this form to prevent and detect fraud. I will become liable for payment of any school meals taken by my child / children to which they are not entitled.

Signature of Applicant: _____ Date: _____

Completed forms should be returned to: **Free School Meals Service
Cumbria Advice and Support Team
Health and Care Services
The Courts The Kraemer Building
Carlisle CA3 8NA**

If you require help or advice regarding your application please contact: Tel: **01228 226105 / 221548**

For Office Use Only Date Form Received: _____

Claim checked on FSM ECS: Found Not Found

Date Input: _____ Authorised on behalf of CCC: _____