**APPLICATION FOR FREE SCHOOL MEALS**

**You do not need to complete this form if you are getting or wish to claim Housing Benefit and/or Council Tax Reduction, you will be notified of your entitlement automatically.**

If you are **not** receiving Housing Benefit/Council Tax Benefit please enclose your Child Benefit award letter showing your current address and the names of the children you wish to claim free school meals for.

**You can claim Free School Meals if you receive one of the following benefits:**

* Income Support
* Income Based Jobseekers Allowance
* Income-Related Employment Support Allowance
* Child Tax Credit and income of less than £16,190 (but not if you are in work and receiving Working Tax Credit)
* The Guarantee element of State Pension Credit
* Support under part VI of the Immigration & Asylum Act 1999
* Universal Credit, provided you have an annual net earned income not exceeding £7,400 (£616.67 per month)

**THE PERSON RECEIVING THE QUALIFYING BENEFITS MUST COMPLETE THIS FORM:**

**Your details:**

Title Surname First Name(s) Date of Birth National Insurance Number

# Your partner’s details:

Title Surname First Name(s) Date of Birth National Insurance Number

**Current Address: Give details of any changes of surname or address**

………………………………………………………………………………………………………………………………………………………………………

Postcode………………………………………………………

Day time telephone number ……………………………….

Mobile number……………………………………………….

Email address ……………………………………………….

**PLEASE ENTER BELOW DETAILS OF SCHOOL AGE CHILDREN WHO LIVE WITH YOU**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname** | **First Name** | **Date of birth** | **Relationship to you or your partner** | **School name** | **School Year (e.g. year 7)** |
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**PARENT/CARER DECLARATION:**

Please read the declaration below. We will not be able to process your application without a signed declaration.

* I confirm that the information given on this form is complete and correct.
* I will inform you immediately if any of the details on the form change.
* **I will inform you immediately if my financial circumstances change.**
* 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 law to verify my initial, and ongoing, entitlement. I understand that the results of any free school meals eligibility check may also be used to assess my entitlement to receive school transport if appropriate.
* **I understand that I will have to pay for the cost of the meals taken if I do not tell you about any change of circumstances and my child/ren receive free school meals that they were not entitled to**.

**The information that you give on this form will be used for the purpose of processing your application for free school meals. The Local Authority is under a duty to protect the public funds it handles and may use the information you have provided to prevent and detect fraud. We also share this information, for the same purpose, with other government departments that handle public funds.**

**Signature: ………………………………………………… Date: ………………………………**

When you have completed the form, sign it and bring it in with proof to one of our One Stop Shops or post the form to: Knowsley MBC, Benefits Section, Municipal Buildings, Archway Road, Huyton L36 9YU.

You can contact us by telephone on 0151 443 4042 if you need any advice.

You can also get this information in other formats. Please phone us on 0151 443 4031, or email customerservices@knowsley.gov.uk