

## Means Tested Free School Meals Application

Name	<input style="width: 95%;" type="text"/>	E-mail	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%; height: 80px;" type="text"/>	Telephone	<input style="width: 95%;" type="text"/>

To qualify for Means Tested Free School Meals, you must :-

Be responsible for the child or children concerned, this normally means that you will be receiving Child Benefit for them **and** be in receipt of one of the following;

***Please tick all benefits that you are receiving;***

- |  |                          |                             |
|--|--------------------------|-----------------------------|
| Child Benefit  | <input type="checkbox"/> |                             |
| Income Support   | <input type="checkbox"/> |                             |
| JSA (IB)   | <input type="checkbox"/> |                             |
| ESA (IR)   | <input type="checkbox"/> |                             |
| Guarantee Pension Credit   | <input type="checkbox"/> |                             |
| Universal Credit   | <input type="checkbox"/> | Date applied for _____      |
| Working Tax Credit Run-On  | <input type="checkbox"/> | Please state end date _____ |
| Child Tax Credit and your income for Tax Credit purposes must be less than £16,190.00 (details are shown on your award notice) | <input type="checkbox"/> |                             |

**You may not qualify if you are in receipt of Working Tax Credit**

***Receipt of one of the above benefits will be checked with the relevant government departments (HMRC, DWP & Home Office) and this may be done via the Eligibility Checking System. However in some circumstances you may need to provide evidence of your income, we will contact you if we need this.***

**If you satisfy the requirements for your child / children to receive Means Tested Free School Meals, and submit the information required above, the school(s) that your child / children attend will be informed of this and the school will be awarded additional funding.**

If you receive support under Part VI of the Immigration and Asylum Act 1999 your child / children should qualify for Free School Meals. Please complete this form and submit this with proof of your immigration status.

If you have any queries regarding Free School Meals, please contact us using the details shown above.

I .....(name) wish to claim Free School Meals for the child / children listed below :-

Name of Child	Date of Birth	Name of School or Nursery they attend

National Insurance Number

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Date of Birth

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Have you made a claim for Housing Benefit / Council Tax Support? Yes  No

**Declaration**

I / we declare that the information given above is correct and complete to the best of my / our knowledge.

I / we authorise the Council to make any necessary enquiries to verify the information provided.

I / we understand that if I / we have given information that is incorrect or incomplete I / we may be prosecuted.

I / we agree to notify the Council Benefit section of any changes which might affect my / our benefit.

Your  
Signature

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Date

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Partners  
Signature

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Date

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*Any data collected as part of this application will be treated in accordance with the Data Protection Act and used in accordance with the Council's data use principles. Further details can be found at <http://www.gateshead.gov.uk/data-protection>*

**Apply by:**

**Returning the completed form to:-**

Benefits Service, Civic Centre, Regent Street,  
Gateshead, NE8 1HH

**or, Telephone Free School Meals on:-**

0191 433 3729