

Benefits Service

Benefits Service Civic Centre, Darwall Street, Walsall, WS1 1XU

Telephone: 0845 111 2855 Fax : 01922 635258

APPLICATION FOR FREE SCHOOL MEALS

If you need help filling in this form please call into the First Stop Shop at the Civic Centre, Darwall Street, Walsall, WS1 1XU or your child's school, or phone us on 0845 111 2855.

Please complete all sections and return the form to Benefits Service, or your child's school.

You do not have to provide evidence of your benefits, we use an online checking system connected with your benefit providers which tells us whether you are eligible or not for Free School Meals.

Please complete this form in black or blue ink only.

1: About you and you	r partner		
Do you have a partner who normally lives with you? (By partner we mean someone you are married to or with whom you are in a civil partnership, or someone you live with as if they are your husband, wife	Please answer YES or NO	If you have a partner, you must answer all the questions about them, as well as yourself.	
or civil partner).	YOU	YOUR PARTNER	
Last Name			
Other Names			
Any other last names you have used			
Title (Mr, Mrs, Ms etc.)			
Address You don't need to tell us your partner's address if it is the same as yours.			
	Postcode	Postcode	
Previous address If moved within last 12 months			
Date of Birth	/ /	1 1	
National Insurance Number			
NASS Ref Number			
Daytime Telephone Number			
Please tick which benefit you receive ESA (IR)	_	ne based Child Tax Asylum Seeker JSA Credit Support	

ARE YOU CLAIMING AS: please circle below

PARENT GUARDIAN SELF (if applying for yourself you only need to fill in the name of your school

in section 2 below and to sign and date the declaration)

2: YOUR CHILDREN/SELF Please include all children for whom you receive Child Benefit

First name Middle name	Surname or Family name	Male or Female	Date of Birth	Which school do your child/ren attend	
Are these children living with you? Yes No					
If No, please tell us where they	live				
3: DECLARATION Please read this declaration carefully before you/your partner sign and date it. This is my/our claim for free school meals. I/We declare that the information I/we have given on this form 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 on this claim. I/We authorise the council to cross check the information I/we have given with other parts of the council, other authorities, agencies and asylum support centres. In the event that I am also claiming housing benefit or council tax benefit the information on my claim will be used to prevent overpayments and to inform and advise me about other government welfare benefits. I/We understand that if I/we give information that is incorrect or incomplete or fail to report any changes which might affect my/our benefits I/we may be prosecuted.					
Signature of Claimant			Date	·	
Signature of Partner			Date	1	

Data Protection

The information given on this form will be held on computer. It will be subject to the provisions of the Data Protection Act 1984 (as amended by the 1998 Data Protection Act). The information you have given is confidential.

We may supply certain information to third parties for use in determining your claim and/or for the purposes of data matching for the prevention and detection of fraud.