APPLICATION/RENEWAL FOR FREE SCHOOL MEALS

Schools

PART A – To be completed and signed by the person who receives the qualifying benefit Title First Name Last Name Date of birth Address: **Post Code: Telephone No:** National Insurance No. NASS Reference No. CHILDREN YOU ARE CLAIMING FOR M/F First Name Last Name Date of **School Attending** Relationship To claimant Birth DECLARATION OF ENTITLEMENT – Please read carefully before signing. I wish to claim Free School Meals for the above child(ren). I currently receive Child Tax Credit and do not receive Working Tax credit and my annual income is less than £16,190, or I receive Income Support or income-based Job Seekers Allowance or income-related Employment Support Allowance or the Guarantee element of Pension Credit, or I am supported by NASS as an asylum seeker. I agree to tell the Education Authority as well as the school if I stop claiming these benefits or if there are any other changes in my circumstances (including my address). I agree that you will use the information I have provided to process my claim for free school lunches and you may contact other sources as allowed by law to verify my initial and ongoing entitlement. **Signature of Claimant:** Date: PART B – To be completed and stamped by the Job Centre Plus Office only (if no proof of benefits is available) It is confirmed that the person shown in Part A is in receipt of: (please tick) **Official Stamp** Income Support or Guarantee element of Pension Credit Income-based Job Seekers Allowance or income-related ESA Signed: Official Position: Date:

PART C – To be completed by the School

Evidence of eligibility (please send copies with this form and	tick box) Is this claim: (please tick)
Confirmation letter from Jobcentre/DWP Child Tax Credit Award Notice (TC602) all pages Part B stamped and ticked by the Jobcentre Plus Home Office Papers showing NASS support	A New Claim A Renewal Change of School
FSM Start Date Signed School Name	Have other schools in part A been Yes No Contacted? (if applicable)

PART D – To be completed by the LA

Authorised	Review Date	Date of cancellation