APPLICATION FOR FREE SCHOOL MEALS d a

If you require any assistance with applying or require any advice about your eligibility, please telephone LTS Catering Services on 0116 305 5417
FreeSchoolmeals@leics.gov.uk

Please note that the date of entitlement to Free School Meals is the date we receive a valid application and eligibility is confirmed. NO PROOF OF BENEFIT IS REQUIRED AT THIS STAGE.

BENEFIT CLAIMANT DETAILS - Please Complete ALL boxes for your claim to be processed.

Surname

First Name

Mr/Mrs/Miss Ms

Date of Birth

National Insurance Or NASS Reg Number

Address

Post Code

Contact Telephone Number

Relationship to Child(ren)

CARER/GUARDIAN (if different from above)

Surname

First Name

Mr/Mrs/Miss Ms

Date of Birth

National Insurance or NASS Reg Number

Address

Post Code

Contact Telephone Number

Relationship to Child(ren)

NAMES AND DETAILS OF CHILD(REN) IN FULL – TIME EDUCATION

Surname	First Name	Date of Birth	Name of School Attending

BENEFIT DETAILS – (You must be in receipt of one of the following benefits to claim Free School Meals) <u>Please tick the appropriate box.</u>

☐ Income Support OR Income-Based Job Seekers Allowance

☐ Child Tax Credit with an annual taxable income assessed by HMRC of less than £16,190 (If you or your partner also receive Working Tax Credit you **DO NOT** qualify for free school meals regardless of income). **NB From** the 1st May 2009 where a parent is entitled to Working Tax Credit during the 4-week period immediately after employment ends, or after they start to work less than 16 hours per week, they will be eligible to claim free school meals for that 4-week period.

☐ The Guarantee Element of state Pension Credit.

☐ Support under Part VI of Immigration & Asylum Act 1999.

☐ Employment and Support Allowance **(Income Related).**

☐ Universal Credit, with an annual income less then £7,400

Data Protection Act 1998: The information that you give on this form will be used for the purpose of processing your free school meals application. Your education authority is under a duty to protect the public funds that it handles and may use the information you have provided on this form to prevent and detect fraud. It may also share this information, for the same purposes, with other organisations that handle public funds.

DECLARATION – (to be signed by the parent who is in receipt of one of the qualifying benefits – as detailed above).

I understand that my entitlement to Free School Lunches will continue for only as long as I received one of the qualifying benefits and I agree to inform you immediately if my benefit or tax credit situation changes, or if I change my address. If for any reason I fail to inform you, I agree to repay the cost of meals taken whilst not entitled.

I certify that the information given on this form is to the best of my knowledge and belief correct, and 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 the law to verify my initial, ongoing, entitlement. **NB APPLICANTS GIVING FALSE INFORMATION MAY BE LIABLE TO PROSECUTION.**

Signature of Benefit Claimant_____
Date_____

RETURN TO: LTS Catering
Room G10, County Hall, Glenfield, Leicestershire, LE3 8RE