FREE SCHOOL MEALS





RETURN FORM TO
Benefits Service (FSM)
P O Box 784
Redhill
RH1 9JA



Please note: For children in schools **not** in Camden you will have to apply to the borough that maintains the school or to the school itself.

Are you receiving any of the following benefits:

Income Support

Mr/Mrs/Miss/Ms/Other

Surname

- Income-Based Job Seekers Allowance
- Income-Related Employment and Support Allowance
- Universal Credit if you apply on or after 1 April 2018 your household income (after tax and not including any benefits you get) must be less than £7,400 a year
- National Asylum Seekers Support (NASS)
- Guarantee Element of the State Pension Credit
- Child Tax Credit Only, but not Working Tax Credit (and have an annual income that does not exceed £16,190) If you receive Working Tax Credit and **NO** other qualifying benefit other than Child Tax Credit you will **NOT** be eligible for Free School Meals.

Date of Birth

D

Details of Parent/ Guardian in receipt of one of the above Benefits

																					<u> </u>		
First name (s)																							
Neticed Incurred Alumber of NACC Number																							
National Insurance Number or NASS Number (This can be found on your Benefits/ Home Officer letter)																							
Partners Details (If applicable)																							
Mr/Mrs/Miss/Ms/Other							Date of Birth					D	D	M	M	Υ	Υ	Υ	Υ				
Surname																							
First Name (s)																							
National Insurance Number or NASS Number (This can be found on your Benefits/ Home Officer letter)																							
Current address –This must be the same as in the records held by the school. The children should live with you at this address. If they do not please explain why not and give their address on a separate piece of paper.																							
													Pos	st Co	ode								
Telephone Number							E	-mail															
Current address address. If they do	s —The not	our nis m	Bene lust b	efits/ oe th	Hom e sar	ne Of	s in	the r	ecor	ir ad	dres	s on	a se	para	ite pi				uld liv	/e wi	th yo	u at	this

Personal information that you provide is covered under the Data Protection Act 1998. Under this legislation you have the right to obtain a copy of the information we hold about you.

Details of children (Attach additional pages if necessary)

Child 1	Male Female (please tick) Your relationship to the child	
Surname		
First name	Date of Birth	D D M M Y Y Y
Name of school		
Child 2	Male Female (please tick) Your relationship to the child	
Surname		
First Name	Date of Birth	D D M M Y Y Y
Name of school		
Child 3	Male Female (please tick) Your relationship to the child	
Surname		
First Name	Date of Birth	D D M M Y Y Y
Name of school		
Child 4	Male Female (please tick) Your relationship to the child	
Surname		
First name	Date of Birth	D D M M Y Y Y
Name of school		

Once we receive your completed application for Free School Meals we will check your benefit entitlement with data held by Camden Benefits Service, Department for Work and Pensions, the Home Office and HMRC (Revenue and Customs) through a central on-line system. If we cannot confirm your entitlement through this process we will write to ask you to provide up-to-date evidence of the benefit you receive.

DECLARATION

- I understand that my entitlement to Free School Meals will continue only for as long as I receive one of the qualifying Benefits.
- I agree to inform you immediately if my benefits or tax credit entitlement changes.
- I declare that all the information I have given on this form is true to the best of my knowledge and belief.
- I hereby authorise Camden Benefits Service to check my eligibility status with the relevant providers.

Your Signature	Date	