**FSM+ Eligibility Checker**

**Please use black ink and write in block capitals.**

**Parent or carer details**

**The person receiving the benefit must be listed on the form**

|  |  |  |
| --- | --- | --- |
| Title: | Forename: | Surname: |
| Have you previously been known by another surname? If yes, what is that name?  (This will help us search on benefits systems) | | |
| Address: | | |
|  | | Postcode: |
| Parent or carer’s date of birth: dd/mm/yyyy | | Telephone: |
| Mobile phone number: | | |
| Email address: | | |
| National Insurance (NI) or National Asylum Support Service (NASS) number:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |   *NI - 9 digits, 2 letters, 6 numbers 1 letter. NASS - first 9 numbers only* | | |
| Relationship to children named on this claim: | | |

**If you have joint parental responsibility please complete the details below:**

|  |  |  |
| --- | --- | --- |
| Title: | Forename: | Surname: |
| Have you previously been known by another surname? If yes, what is that name?  (This will help us search on benefits systems) | | |
| Address: | | |
|  | | Postcode: |
| Parent or carer’s date of birth: dd/mm/yyyy | | Telephone: |
| Mobile phone number: | | |
| Email address: | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |   NI or NASS number: | | |
| Relationship to children named on this claim: | | |

**Parent/carer declaration**

|  |
| --- |
|  |

I agree to inform you immediately if my benefit stops or changes.

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|  |

I agree that the information given on this form is correct. I give permission for Newcastle City Council to check my eligibility status with the relevant benefit providers, and hold my details to make further checks.

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|  |

If eligible I agree to complete local Sure Start registration form (2 year olds only)

**Parent 1**

**Signed: Date:**

**Parent 2**

**Signed: Date:**

**Children’s details**

**Please list the details of all children to be included in the claim:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Surname** | **Forename** | **Date of birth** | **Child’s school** | **1. LAC** | **2. DLA** | **3. EHCP** |
| dd/mm/yyyy |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

1. LAC - the child is currently being looked after by a local authority in England or Wales, or

the child has left care in England or Wales through:

* an adoption
* a special guardianship or arrangement order

1. DLA - the child is in receipt of Disability Living Allowance
2. EHCP - The child has an Education Health and Care Plan

|  |  |
| --- | --- |
| **Office use only** | |
| **Initials** |  |
| **Hub check** | **Yes / No** |
| **Date** |  |

For more information or to apply online visit:[**www.newcastle.gov.uk/freeschoolmeals**](http://www.newcastle.gov.uk/freeschoolmeals)

**Return this form to:**

Access, Admissions and Attendance

Newcastle City Council

Room 225 Civic Centre

Newcastle upon Tyne

NE1 8QH