

VALE OF GLAMORGAN COUNCIL APPLICATION FOR FREE SCHOOL MEALS

This form is also available in Welsh/Mae'r ffurflen hon ar gael yn Gymraeg



Claim ref:	Date:
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TO BE COMPLETED BY APPLICANT AND PARTNER – ALL BOXES MUST BE COMPLETED OTHERWISE WE MAY NOT BE ABLE TO MAKE A DECISION. THIS MAY DELAY FREE SCHOOL MEALS ENTITLEMENT.

Applicant's Title:	Partner's Title:
Full Name:	Full Name:
Relationship to child/children:	Relationship to child/children:
Date of Birth:	Date of Birth:
National Insurance No:	National Insurance No:
Address (<i>incl postcode</i>):	

Contact number (*please provide*):

Email address and BACS information (*must provide to receive FSM payments if these continue to be paid during school holidays*):

Email address: _____

Name/Address of Bank or Building Society:							
Branch Sort Code No: (6 digits)							
Bank Account No: (8 digits)							
Building Society Roll No: (if applicable)							
Name on account:							

Names of all children you wish to claim FSM's for :	Date of Birth:	M/F	Name of School:	Date started/Starting:

If you (or your partner) receive one of the following benefits, you (but only one of you) may be eligible to claim Free School Meals. (Please tick the relevant box to indicate which one applies to you):

	<ul style="list-style-type: none"> Income Support (IS).
	<ul style="list-style-type: none"> Income Based Job Seekers Allowance (IBJSA)
	<ul style="list-style-type: none"> Employment Support Allowance (Income Related) (ESA(IR)).
	<ul style="list-style-type: none"> Child Tax Credit with an annual income that does not exceed £16,190, and you are NOT entitled to Working Tax Credit.
	<ul style="list-style-type: none"> Support under part VI of the Immigration and Asylum Act 1999.
	<ul style="list-style-type: none"> Guarantee element of State Pension Credit.
	<ul style="list-style-type: none"> Children who receive IS or IBJSA in their own right are also eligible to receive free school meals.
	<ul style="list-style-type: none"> Universal Credit – but if this includes an earned income element, the net earned income does not exceed £7,400 per annum or £616.67 per month

Declaration to be signed by applicant:

I declare that:

- The information given by me in this form is to the best of my knowledge correct.
- I will inform you of any changes in my circumstances
- 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 law, to verify my initial and ongoing entitlement
- I understand that the results of any free school meals eligibility check may be used to assess my entitlement to receive any additional benefits where applicable, for e.g. School Uniform Grant.

Signature of Applicant: Date:

Please complete and return to: **Free School Meals, Benefit Section, Civic Offices, Holton Road, CF63 4RU**, or email the completed and signed form to: benefits@valeofglamorgan.gov.uk