

**APPLICATION FOR FREE SCHOOL MILK AND MEALS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Case Reference**  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **You** | **Your Partner** |
| **Last Name** |  |  |
| **Other Name(s)** |  |  |
| **Title** (Mr, Mrs, Ms and so on) |  |  |
| **Address**(Do not tell us your partner's address if it is the same as yours) |  |  |
|  |  |
|  |  |
|  |  |
| **Post Code** |  |  |
| **Date of Birth** |  |  |
| **National Insurance Number** |  |  |
| **National Asylum Seeker Service Reference Number** |  |  |
| **Your Daytime Telephone Number** |  |  |

**Are you or your partner receiving (please tick):-**

|  |  |
| --- | --- |
| **Income Support** |  |
| **Income based Jobseeker's Allowance** |  |
| **Income related Employment and Support Allowance** |  |
| **Pension Credit (Guarantee Credit)** |  |
| **Child Tax Credit with a total taxable income of less than £16,190 provided you are not also entitled to working tax credits** |  |
| **Support under part VI of the Immigration and Asylum Act 1999****(please provide proof of this).** |  |
| **Universal Credit (with an annual net income of no more than £7400.00 as assessed by earnings from up to three of your most recent assessment periods)** |  |

**Please tick the items you wish to apply for from the following**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **Free School Meals** | **No** |  |  **Free School Milk** | **No** |  |
|  |
|  | **Yes** |  |  | **Yes** |  |

**Please list all the children who live with you and who are at school.**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | First Name(s) | Date of Birth | Name of School |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please give details if any of the above children will be changing schools in the near future**  | Child's Name |  | Child's Name |
|  |  |  |
| New School |  | New School |
|  |  |  |
| Date they will start new school |  | Date they will start new school |
|  |  |  |

**Declaration:** Please read this declaration carefully before you sign and date it.

**I understand the following.**

1. If I give information that is incorrect or incomplete, you may take action against me.
2. You may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other government organisations, if the law allows this.

I knowI must let the council know straight away about any changes in my circumstances that might affect my claim. I understand that if I have knowingly provided false or incomplete information and fail to inform you of changes in my circumstances, I may have action taken against me.

**I declare the information I have given on this form is correct and complete.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Your signature:** |  |  | **Date:** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Your partner's signature:** |  |  | **Date:** |
|  |  |  |

return to any One Stop Shop or by post to Wirral Council Benefits Service, PO BOX 290, Wallasey, CH27 9FQ. You can also apply online at [www.wirral.gov.uk/freeschoolmeals](http://www.wirral.gov.uk/freeschoolmeals) or by calling 0151 606 2002.