## Application for Free School Meals / Milk St. Helens Council School Clothing & Footwear Grant Education Benefits, Wesley House, Corporation Street, St. Helens, WA10 1HF

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Section 1: Details of	f Parent / Carer						
Title: First Name(	(s):	Surname:			Date of Birth:		
Address:		National Ins	urance Number o	or Asylum	Seekers Number:		
		T					
		Telephone:					
		Email addre	ess:				
Postcode:				Your relationship to the children:			
Partner's full name:		Partner's National Insurance Number: Partner's D		Partner's D/O/B:			
Section 2: Child(ren	<ul><li>i) who attend school Surname</li></ul>	Sex (M/F)	are responsib Date of Birth		School Name		
T itst Maine	Sumame	Sex (IVI/I )	Date of Bitti	,	School Name		
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Section 3: Free School Meals							
I wish to claim free school meals / milk for the above-named child(ren) YES NO							
I am in receipt of	I am in receipt of one of the following qualifying benefits / awards:  Mark (x)				Mark (x)		
1. Income Support							
2. Job Seek	Job Seekers Allowance (Income-based)						
3. Employm	Employment and Support Allowance (Income-related)						
4. Guarantee Element of Pension Credit							
5. Support under Part VI of the Immigration and Asylum Act 1999							
6. Child Tax Credit and your income as assessed by HM Revenue & Customs does not exceed £16,190 (See note)							
Note: Your child(ren) will NOT be entitled to free school meals if either of the following apply :- i. You receive Working Tax Credit, even if you receive Child Tax Credit and have an							
income below £16,190; or ii. You receive Child Tax Credit and have an income of more than £16,190.							
<b>Supporting Evidence:</b> The Council will verify your entitlement to the above qualifying awards electronically. As a result, you will not normally be required to provide supporting evidence unless specifically requested to do so.							
Supporting Evidence Provided:							

Section 4: Discretionary School Clothing and Footwear Grant					
I wish to claim a school clothing grant for the child(ren) named overleaf YES NO					
I have been in receipt of one of the	qualifying awards for 4 weeks or more Mark (x)				
1. Income Support (*1)					
2. Job Seekers Allowance (Incon	2. Job Seekers Allowance (Income-based) (*1)				
3. Employment and Support Allo	Employment and Support Allowance (Income-related) (*1)				
4. Guarantee Element of Pension	n Credit (*1)				
5. Housing Benefit and / or Coun	ncil Tax Benefit				
The Council prefers to pay the grant into	o a Bank or Building Society Account:				
Name of Bank / Building Society					
Bank Account Number					
Sort Code					
If you have not provided account details above we will pay you by crossed cheque which must be paid into a bank or building society account. We are no longer able to uncross cheques. If you are unable to pay a cheque into a suitable bank or building society account please mark (X) in this box.					
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<b>Supporting Evidence:</b> If you have claimed free school meals (overleaf) or are in receipt of housing benefits / council tax benefit you will not normally be required to provide supporting evidence. If you only wish to claim school clothing grant, and are not in receipt of housing benefit/council tax benefit, you will need to provide supporting evidence that you qualify for one of the awards marked (*1) above. If you live with someone else, e.g. a parent or friend, and you or your partner are <b>not</b> deemed to be the householder you will also need to supply supporting evidence of your qualifying benefit/award.					
Supporting Evidence Provided:					
Section 5: Declaration – please read					
<ul> <li>I certify that the information that I have provided on this form is correct and complete to the best of my knowledge.</li> <li>I understand that information I have provided will be cross checked with other sections within the Council and other Government Departments as allowed by law to verify my initial and ongoing entitlement to these awards.</li> <li>I understand that if I give information that is incorrect or incomplete, I may have to repay the value of any benefit received.</li> <li>I undertake to tell the Council promptly about any changes in my circumstances, including: change of address; school; or no longer being in receipt of a qualifying benefit/award.</li> </ul>					
Signature:	Date:				
Oignature.	Date.				
Ethnic Monitoring: Information on this section of the form s confidential and will be used only to ensure service provision is fair and equitable to all sections of the community. (Please mark one box)  White British  Asian Pakistani  White Irish  Other Asian  Other Asian  Data Protection Act: Information provided on this form will be processed in accordance with the requirements of the Data Protection Act 1998. It will be treated as confidential and used for the purpose of processing your application for free school meals, clothing and footwear grant and updating customer contact records. We will also use this information					

Other White Mixed White & Black Gypsy / Roma African Irish Traveller Mixed White & Ī Black African Caribbean Mixed White & Asian Black Caribbean Other Black Other Mixed Chinese Asian Bangladeshi Any other racial group Asian Indian Prefer not to say

for processing other benefits / awards you may be entitled to, e.g. school transport, unless you specifically opt out. Please mark this box to opt out. 1

The Council is under a duty to protect the public funds it administers, and may use the information you have provided on this form to prevent and detect fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

## **Education Benefits:**

Postal Address: St. Helens Revenues & Benefits, PO Box 397, Sale M33 6YL Contact Centre: Wesley House, Corporation Street, St. Helens, WA10 1HF