

# Application for Free School Meals / Milk St.Helens School Clothing & Footwear Grant

Ref:

Council	Education Denofite Wesley House Comparation Street St. Holens WA404HE
Council	Education Benefits, Wesley House, Corporation Street, St. Helens, WA10 1HF

Section 1: Details of Parent / Carer				
Title:	First Name(s):	Surname:	Date of Birth:	
Address:		National Insurance Number or Asylum Seekers Number:		
		Telephone:		
		Email address:		
Postcode:		Your relationship to the children:		
Partner's full	name:	Partner's National Insurance Number:	Partner's D/O/B:	

Section 2: Child(ren) who attend school who you are responsible for					
First Name	Surname	Sex (M/F)	Date of Birth	School Name	

Section 3: Free School Meals				
I wish to claim free school meals / milk for the above-named child(ren) YES NO				
l am i	n receipt of one of the following qualifying benefits / awards:	Mark (x)		
1.	Income Support			
2.	Job Seekers Allowance (Income-based)			
3.	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.	6. Child Tax Credit and your income as assessed by HM Revenue & Customs does not exceed £16,190 (See note)			
<ul> <li>Note: Your child(ren) will <u>NOT</u> be entitled to free school meals if either of the following apply :-</li> <li>i. You receive Working Tax Credit, even if you receive Child Tax Credit and have an income below £16,190; or</li> <li>ii. You receive Child Tax Credit and have an income of more than £16,190.</li> </ul>				

Supporting Evidence: 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 t	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 (Income-based) (*1)		
	3.	Employment and Support Allowance (Income-related) (*1)		
	4.	Guarantee Element of Pension Credit (*1)		
	5.	Housing Benefit and / or Council Tax Benefit		
<b>T</b> I 0	••			

## The Council prefers to pay the grant into 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.

**Supporting Evidence:** 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 **not** 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 carefully

- I certify that the information that I have provided on this form is correct and complete to the best of my knowledge.
- 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.
- I understand that if I give information that is incorrect or incomplete, I may have to repay the value of any benefit received.
- 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.

Signature:	Date:

Ethnic Monitoring: Information on this section of the form			on this section of the form	Data Protection Act: Information provided on this form will
is confidential and will be used only to ensure service				be processed in accordance with the requirements of the
provision is fair and equitable to all sections of the			all sections of the	Data Protection Act 1998. It will be treated as confidential
comm	unity. (Please mar	k one b	ox)	and used for the purpose of processing your application for
đ	White British	Ĵ	Asian Pakistani	free school meals, clothing and footwear grant and updating
đ	White Irish	í.	Other Asian	customer contact records. We will also use this information
đ	Other White	í.	Mixed White & Black	for processing other benefits / awards you may be entitled to,
🗍 Gypsy / Roma African			n	e.g. school transport, unless you specifically opt out. Please
đ	Irish Traveller	ſ	Mixed White &	mark this box to opt out. 🗇
Black African Caribbean			bean	The Council is under a duty to protect the public funds it
đ	Black Caribbean	ſ	Mixed White & Asian	The Council is under a duty to protect the public funds it administers, and may use the information you have provided
đ	Other Black	Ĵ	Other Mixed	on this form to prevent and detect fraud. It may also share
1	Asian	í.	Chinese	this information with other bodies responsible for auditing or
Bangladeshi 🗍 Any other racial group		Any other racial group	administering public funds for these purposes.	
0 Ī	Asian Indian	í.	Prefer not to say	

#### **Education Benefits:**

Postal Address: St. Helens Revenues & Benefits, PO Box 397, Sale M33 6YL Contact Centre: Wesley House, Corporation Street, St. Helens, WA10 1HF Tel: 01744 675216 or 675217 E-mail: educationbenefits@sthelens.gov.uk

This form may be returned by post or by hand to Wesley House or your local library.