

# Free School Meals Application Form

## Section 1. About you

|                           |  |
|---------------------------|--|
| Name                      |  |
| National Insurance Number |  |
| Address                   |  |
| Postcode                  |  |
| Telephone number          |  |
| E-mail address            |  |

## Section 2. About your children

| Name | Relationship to you | Date of birth | School attending |
|------|---------------------|---------------|------------------|
|      |                     |               |                  |
|      |                     |               |                  |
|      |                     |               |                  |
|      |                     |               |                  |

## Section 3. About your income

|  |   |
|--|---|
| Child Tax Credit provided you are not in receipt of Working Tax Credit and your earnings are below £16,190 | N |
| Universal Credit   | N |
| Income Support   | N |
| Income based Jobseeker's Allowance   | N |
| Income related Employment and Support Allowance  | N |
| The Guarantee Element of Pension Credit  | N |
| Support under Part VI of the Immigration and Asylum Act 1999   | N |

### **YEAR 7 CLOTHING GRANT**

Pupils entering year 7 that are in receipt of Free School Meals as of September will also be entitled to a clothing grant. Pupils will be identified via the Council's database and payments sent out automatically.

## Your declaration

**Please read this declaration carefully before you sign and date it. I understand the following:**

- If I give information that is incorrect or incomplete, you may take action against me. You will use the information I have provided to process my application. You may check some of the information with other sources within the council, rent offices, and other councils.
- 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 law allows this.

I know I **must let the Council know about any changes in my circumstances** which might affect my claim. If I fail to do so I understand that the Council may take action against me.

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

|                              |  |      |  |
|------------------------------|--|------|--|
| Signature of person claiming |  | Date |  |
|------------------------------|--|------|--|

This form should be returned to the Shared Benefit Service, Level Three, Civic Centre, Pontypool NP4 6YB  
For further information telephone 01495 766430 or 766570 e-mail: [benefits@torfaen.gov.uk](mailto:benefits@torfaen.gov.uk)