

Application Form for Free School Meals

Please complete this form in capital letters:

Parent's Name _____

Address _____

Postcode _____ Telephone number _____

Please provide the following details below about you and your partner (if you have one). We use this information to check your eligibility via a secure government website. If we cannot confirm your details, we will contact you. You may have to provide proof of the qualifying income you receive if we cannot confirm your eligibility (your full award letter). If you provide your telephone number, we can ring you:

Title First Names Surname Date of birth National Insurance number

Please tick the box below to tell us which qualifying benefit you are currently in receipt of:

- | | |
|---|--|
| <input type="checkbox"/> Universal Credit | <input type="checkbox"/> Income-related Employment Support Allowance |
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Child Tax Credit (but not Working Tax Credit) |
| <input type="checkbox"/> Income-based Job Seekers Allowance | <input type="checkbox"/> Guaranteed Pension Credit |

Please list below the children who you want to claim free school meals for – they must normally live with you and attend schools within Leeds. Do not list children who attend schools outside of Leeds:

Title First Names Surname Date of birth Date started Name of School

Please read the statement below and then sign and date the form:

- This is my claim for Free School Meals **ONLY**.
- I declare that all the information I have given is correct and complete to the best of my knowledge.
- I authorise Leeds Welfare & Benefits Service to make any necessary enquiries to verify the details I have provided and to cross check them with other council departments, councils and benefit authorities.
- I understand that if I give information which is incorrect, or fail to report any changes which may affect my entitlement to benefit I may be prosecuted.
- I am aware that I have a duty to notify Leeds Welfare & Benefits Service in writing immediately of any changes in my circumstances which might affect my entitlement to Free School Meals, including change of income, change of address or change of school.
- I understand that the information I have provided on this form may be used by Leeds City Council to prevent and detect fraud.

Signature of person claiming: _____ **Date:** _____