



APPLICATION FOR FREE SCHOOL MILK AND MEALS

Case Reference

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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

	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 a year but not receiving Working Tax Credit	
Support under part VI of the Immigration and Asylum Act 1999 (please provide proof of this).	
Universal Credit	

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

Free School Meals No

 Yes

Free School Milk No

 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

New School

Date they will start new school

Child's Name

New School

Date they will start new school

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 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 know I 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 9PF. You can also apply online at www.wirral.gov.uk/freeschoolmeals or by calling 0151 606 2002.