

# APPLICATION FORM FOR FREE SCHOOL MEALS – ASSESSMENT TEAM

Please tick which benefit you receive:-

- INCOME SUPPORT
- INCOME-BASED JOB SEEKERS ALLOWANCE
- GUARANTEED ELEMENT OF PENSION CREDIT
- CHILD TAX CREDIT (without working Tax Credit) and an annual income below £16,190
- EMPLOYMENT AND SUPPORT ALLOWANCE (Income Related)
- SUPPORT UNDER PART VI OF THE IMMIGRATION & ASYLUM ACT 1999

Office No:

Your child/children who are attending a maintained school are entitled to receive meals free of charge, if you are in receipt of one of the benefits above.

**PLEASE NOTE: IF YOU ARE RECEIVING WORKING TAX CREDIT, YOU DO NOT QUALIFY FOR FREE SCHOOL MEALS  
NO EVIDENCE IS REQUIRED TO BE SENT WITH THIS FORM.**

Please enter **IN CAPITALS** details of applicant (BENEFIT APPLICANT)

Title (Mr/Mrs/Miss/Ms) \_\_\_\_\_ Surname \_\_\_\_\_

Forenames \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Daytime Tel. No. \_\_\_\_\_

Relationship to pupil(s) \_\_\_\_\_ National Insurance Number \_\_\_\_\_

Please enter below details of **all** the children for whom you wish free school meals to be provided.

Child's SURNAME	FORENAMES	Date of Birth	SCHOOL

**DECLARATION**

1. I wish my child/children to receive school meals free of charge while I am receiving one of the qualifying benefits listed above and I undertake to inform the Assessment Team immediately if I cease to receive any of these benefits.

**NB: You must also inform the Assessment Team if there are any changes to your claim, ie new claimant, different address, marital status (name change), change of school or if any of these benefits cease or change.**

I confirm that the information I have given is correct. I understand the Council will make enquiries to check the information.

2. I agree that you will use the information I have provided to process my claim for free school lunches and will contact other sources as allowed by the law to verify my initial, and ongoing, entitlement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_ National Insurance No: \_\_\_\_\_

**WARNING:** The Authority reserves the right to review an award made at anytime.

**PLEASE RETURN THE COMPLETED FORM TO:  
THE ASSESSMENT TEAM, KENT COUNTY COUNCIL, ST PETERS HOUSE, DANE VALLEY ROAD, BROADSTAIRS,  
KENT, CT10 3JJ. TELEPHONE NUMBER 03000 415123 FAX NUMBER 01843 866305.**

**Important please read**

The County Council has a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes. Information provided on this form may be held on computer files and all processing is covered by the Data Protection Act 1998. The Council's registration allows us to share this information with other accredited organisations and agencies for purposes including the detection and prevention of fraud. (It is an offence to obtain financial support by deception). You will be required to repay the money for meals taken if you continue to claim them when your child is no longer entitled.

**\* PLEASE NOTE APPLICATIONS CANNOT BE BACKDATED.**

