Application for free school meals and clothing grant 2019-2020

For office use only					

Name of parent/guardian

Forename	Surname
Full Address	NI no.
	tel. no.
	mobile*
postcode	email*

Children's details (including P1 - P3)

Please include all children

Please indicate what you are claiming for (✓)

Forename	Surname	D.O.B.	School and year group as at August 2019	FSM (✓)	CG (√)
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		following	

INCOME SUPPORT
INCOME SOLI OLL

JOBSEEKER'S ALLOWANCE (INCOME BASED)

■ EMPLOYMENT & SUPPORT ALLOWANCE (INCOME RELATED)

UNIVERSAL CREDIT (MAXIMUM MONTHLY INCOME OF £610)

CHILD TAX CREDIT WITH A GROSS ANNUAL INCOME BELOW £16,105 WITH NO ELEMENT OF WORKING TAX CREDIT

MAXIMUM CHILD TAX CREDIT AND MAXIMUM WORKING TAX CREDIT WITH ANNUAL INCOME BELOW £6,900

SUPPORT UNDER PART V1 OF THE IMMIGRATION AND ASYLUM ACT 1999

HOUSING BENEFIT

COUNCIL TAX REDUCTION

(Please note that Post Office accounts are not acceptable)

Bank/Building Society Account Details						
Name of Account Holder						
Name and Address of Bank/Building Society						
Sort Code (6 digits)						
Account Number (8 digits)						
Roll/Reference Number (if applicable)						

^{*} Providing this information will help to ensure you are advised of the outcome of your application sooner.

The information I have provided is true and accurate and I h I have made false statements. I understand that if free scho change, I must tell you. I will provide proof, when needed, the free school meals.	ol meals are authorised a	nd my current circumstances				
Signed:	Date:	(parent/guardian)				
NOTICE OF CUSTOMER CONSENT						
If you qualify for 8 and/or 9 below, by signing the customer NLC to confirm your details with the benefits section.	If you qualify for 8 and/or 9 below, by signing the customer notice of consent below you are agreeing to allow NLC to confirm your details with the benefits section.					
I hereby give permission to use my Housing/Council Tax Benefit details to verify my eligibility to Free School Meals and/or Clothing Grant.						
Once you have given your permission to use your Housing/Council Tax Benefit details, to verify your eligibility to Free School Meals and/or Clothing Grant, you do not have to give your permission again for any future application, unless your circumstances change, or you write to cancel your consent						
I understand that I may withdraw my consent to the disclosure of such information at any time by writing to: Revenue & Benefits Support Team, Dalziel Building, Ground Floor, Scott Street, Motherwell ML1 1SH.						
ONLY sign this declaration if you want NLC to use your info Meals and/or Clothing Grant.	rmation to verify your app	olication for Free School				
Signed:	Date	o:				
Customer/Appointee/Legal Representative (Please delete	as appropriate)					

FOR FIRST STOP SHOP USE ONLY

	date	name
Date application received		
Data input to computer		
Application approved		

	proof submitted	✓	app verified (name)
1	Income Support		
2	Job Seekers Allowance (Income Based)		
3	Employment & Support Allowance (Income Related)		
4	Universal Credit (Maximum monthly income of £610)		
5	Child Tax Credit with a gross annual Income below £16,105 with no element of Working Tax Credit		
6	Maximum Child Tax Credit and Maximum Working Tax Credit. Annual Income below £6,900		
7	Support under part V1 of the Immigration and Asylum Act 1999		
8	Council Tax Reduction		
9	Housing Benefit		
10	Proof of Parentage/Legal Guardianship		

