

Title

1. Your Details (Parent or Guardian)

Mr / Mrs / Miss / Ms

## Application for Footwear and Clothing Grant / Free School Meals

(Delete as appropriate)

Claim Ref:	
Creditors Ref:	

FCG17/18

Name										
Address										
Postcode	National Insurance Number									
2. Bank Details (Payment cannot be	made to Post Office account	s or by C	hegue)							
Name of Bank/Building Society	made to 1 ost office account	3 OI DY C	neque)							
Name of Account Holder										
Account Details	Sort Code		-			_				
Account Details	Account Number									
How to fill in this form										
Please fill in the form using BLACK ink and take it to your nearest Local Office or to Customer First, Port Street, Stirling. Please also take along the award letters we ask for. Please note your Tax Credit letter should be no more than 3 months old and show your expected income for 2017/2018.										
3. Will I Qualify? Clothing Grant Free Meals										
3. Will I Qualify? Income Support or Job Seekers Allowar	nce (Income Based) or	Clot	ining C	Frant	F	ree	wear	S		
Employment Support Allowance (Income Related) or Support under part V1 of the Immigrations and Asylum Act 1999, or Universal Credit (where monthly income is less than £500)			YES			YES				
Child Tax Credit, but <b>not</b> Working Tax Credit and your gross annual income is below £16,105 (as assessed on your Tax Credit Award letter from HM Revenues & Customs for 2017/18)			YES			YES				
Child Tax credit and Working Tax Credit income is below £16,105 (as assessed letter from HM Revenues & Customs for		YES			Only if your income is below £6,420					
You can apply for Footwear & Clothing Grants up to 31st December 2017. Only one Footwear and Clothing grant per child is allowed for each school year but if for any reason you are not entitled we will write and explain why.										
No grant is paid for young people who are 16 years old by 30 <sup>th</sup> September 2017. They should apply for an Education Maintenance Allowance, please contact the school office for an application form. If any of the above applies they are due free school meals.										
If your child qualifies for Free School Me at any time. Meals will be provided from	the date the application is	approved	and <b>ca</b>	nnot be	backda	ted.				
We can't pay a grant for children attending nursery. However if your child is over 2 years old and attends nursery for an extended day, <b>NOT</b> a half-day session, and any of the above applies they are due free meals										
If your application is successful, we aim to send you a payment before the new school year starts. If you haven't received your payment by then please phone 01786 233210. We start sending out payments direct to your bank account in July. ** Please note cheques will no longer be issued. **  Please Turn Over										

4. Children's Details (Please list all the children attending nursery and school)									
	Surname	First Name	Date of Birth			ol to be n August 2017	For Council Use Only		
	Child Benefit Inc		•			ank statement)	For Council Use Only		
	Please tell us the total amount you receive every week: £				Checked by: Date Seen:				
5	. Are you getting	Income Supr	oort / Inco	ome-base	dol be	seekers Allowa	ince/Employment		
	upport Allowand	•			, a 000				
Please fill in the boxes below. If you don't receive Housing benefit or Council Tax Reduction from us you <b>need</b> to show us your award letter.									
	Type of Benefit	Amount eve	ry Week	Start Da	te	End Date	For Council Use Only		
							Checked by:		
							Date Seen:		
6	. Are you getting	Child Tax Cr	edit / Wo	rking Tax	Credi	it?			
	lease fill in the deta lust be dated in the						Credit Award letter (this		
	Gross Annual Inc (as stated in Tax Form TC602)		Amount Tax Cred		Amount of Working Tax Credit		For Council Use Only Checked by: Date Seen:		
	£		£		£		Staple copies of letter to this form		
	Declaration (the		protect pu	ıblic fund:	s and w	vill match your ir	formation against		
s in	chool meals if appli	cable). I confirr f any change in	m that the i my financ	information	n is cor	rect to the best of	ential clothing (and Free my knowledge and I will nformation being shared		
	Name		Sig	nature _			Date		
	(please pr	int)							
	Email Telephone Number								

Please return this completed application form (and proof of statements) to your nearest Local Office, or The Customer First Office (Port Street) or post to Stirling Council, Teith House, Kerse Road, Stirling, FK7 7QA