

Application for free school meals and milk

Case number

You can find this on your Housing Benefit and Council Tax Benefit notification if you have claimed before.

	You	Your partner
Last name	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Other names	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Title (Mr, Mrs, Ms and so on)	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Address Do not tell us your partner's address if it is the same as yours.	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
	Postcode	Postcode
Date of birth	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>
National insurance number	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
	Letters Numbers Letter	Letters Numbers Letter
National Asylum Seeker Service Reference Number (NASS)	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Your daytime phone number	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

		You	Your partner	
Are you or your partner receiving:				
Income Support		<input type="checkbox"/>	<input type="checkbox"/>	
Income-based Jobseeker's Allowance		<input type="checkbox"/>	<input type="checkbox"/>	
Income-related Employment and Support Allowance		<input type="checkbox"/>	<input type="checkbox"/>	
State Pension Credit (Guarantee Credit)		<input type="checkbox"/>	<input type="checkbox"/>	
Child Tax Credit, with a total annual income of less than £16,190 and not receiving Working Tax Credit		<input type="checkbox"/>	<input type="checkbox"/>	Annual taxable amount <input style="width: 100%; height: 20px;" type="text"/>
Support under Part VI of the Immigration and Asylum Act 1999 (Please provide proof)		<input type="checkbox"/>	<input type="checkbox"/>	

Please tick the items you want to apply for:

Free school meals	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Free school milk	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you moved address	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, date you moved	<input style="width: 100%; height: 20px;" type="text"/>	
Previous address	<input style="width: 100%; height: 25px;" type="text"/>				

Application for free school meals and milk continued

Please list all the children who live with you and who are at school (continue on a separate sheet if necessary)

Last name	Other names	Date of birth	Which school do they go to
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

Please give details if any of the above children will be changing school in the near future

Child's name	New school	Date they will start their new school
		/ /
		/ /
		/ /

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 straightaway about any change 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	/ /

How to contact us

Helpline telephone: **0151 606 2002**

Helpline fax: **0151 666 3139**

E-Mail: **freeschoolmeals@wirral.gov.uk**

You can write to us at: **Director of Finance, PO Box 2, Cleveland Street, Birkenhead, Wirral CH41 6BU.**

For more information visit our website: **www.wirral.gov.uk**