

## Means Tested Free School Meals Application

www.gateshead.gov.uk

Name	Date	
Address	Your E-mail	
Your	Telephone	

Dear Parent/Guardian,

Your child may be able to get free school meals if you receive child benefit and one of the benefits listed overleaf.

**Get funding for your child's school** – even if your child is in reception, year 1 or year 2, if you fill in this form, not only will your child receive a healthy nutritious meal, but the school will get funding of at least £900 to help provide valuable support for your child. This money is available from central government every year for 6 years, even if your child stops receiving a free school meal. **Help with your family budget** – once you qualify, your child will remain entitled to a free school meal until at least 2023, even if your circumstances change

To check if your child is eligible, we need information about you and your child. Where an award is successful, the relevant school will be notified.

## Parent/Guardians Details

	Parent/Guardian 1	Parent/Guardian 2
First Name		
Last Name		
Gender		
Date of Birth		
National Insurance Number		
National Asylum Support Service (NASS) Number		

## About your Child(ren)

Childs First Name	Child Last Name	Gender	Date of Birth	Name of School or Nursery
		M/F		

Income and	Benefit Deta	ils				
Please tick al	ll benefits tha	it you ar	e receiving;			
Child Benefit			Guarantee Pension C	redit		
Income Suppo	ort		Universal Credit (net e	earnings of le	ss than £7,400)	
JSA (IB)			Working Tax Credit R	un-On		
ESA (IR)			Child Tax Credit (inco	me less than	£16,190)	
Support from	NASS under	part 6 o	f the Immigration and A	sylum Act 19	99	
Receipt of one of the above benefits will be checked with the relevant government departments (HMRC, DWP & Home Office) and this may be done via the Eligibility Checking Service. However, in some circumstances you may need to provide evidence of your income, we will contact you if we need this.						
•		•			hat your family income is chool meals, please tick	
Declaration						
incorrect or in	ncomplete inf	formatio	•	prosecution.	and I/we understand tha I/we give my/our conse	-
I understand that I/we must also notify the local authority of any change to my family's financial circumstances.						
personal data or public orga	a to process y anisations if re	your app equired	olication. We may also	share this dat ersonal data v	eshead Council will use a with other council serwill only be used in respe	vices
		•	your information, plea als-privacynotice.	ase view o	ur full privacy notice	, at
Your Signature				Date		

M/F

Partners Signature	Date		
Apply by:			
Returning the completed form to:-	Benefits Service, Civic Centre, Regent Street, Gateshead, NE8 1HH		
Telephone Free School Meals on:-	0191 433 3729		
Email Free School Meals on:-	crbenefitsfsm@gateshead.gov.uk		