Free School Meals Application Form

monmouthshire sir fynwy

TORFAEN COUNTY BOROUGH — BWRDEISTREF SIROL TORFAEN

Section 1. About you

Name	
National Insurance Number	
Address	
Postcode	
Telephone number	
E-mail address	

Section 2. About your children

Name	Relationship to you	Date of birth	School attending

Section 3. About your income

Child Tax Credit provided you are not in receipt of Working Tax Credit and your earnings are below £16,190	
Universal Credit (earning less than £7400.00 per year)	
Income Support	
Income based Jobseeker's Allowance	
Income related Employment and Support Allowance	
The Guarantee Element of Pension Credit	
Support under Part VI of the Immigration and Asylum Act 1999	

CLOTHING GRANT

Pupils entering year 7 and reception year that are in receipt of Free School Meals as of September will also be entitled to a clothing grant. Pupils will be identified via the Council's database and payments sent out automatically.

Payment details for clothing grant

Name of account holder		Sort code			-			-			Account number								

Your declaration

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 will use the information I have provided to process my application. You may check some of the information with other sources within the council, rent offices, and other councils.
- You may use any information I have provided in connection with this, other local authority financial assessments or claims 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 about any changes in my circumstances** which might affect my claim. If I fail to do so I understand that the Council may take action against me. **I declare** the information I have given on this form is correct and complete.

Signature of person claiming		Date	
Signature of person completing the application on behalf of the claimant (state method e.g. telephone)		Date	

Shared Benefits Service

This form should be returned to the Shared Benefit Service, Level Three, Civic Centre, Pontypool NP4 6YB.
For further information
Monmouthshire residents
Call - 01633 644 644 e-mail:benefits@monmouthshire.gov.uk
Torfaen residents
Call – 01495 766349/ 766570 e-mail:benefits@torfaen.gov.uk