

This form must be completed by the parent/guardian who is in receipt of the qualifying benefit. Please ensure you complete all the information requested in block CAPITALS.

OFFICE USE ONLY	
Ref no.	
Start date.	
Notified:	

Once this form has been filled in, simply return it to one of the schools your child(ren) attends. Alternatively you can send your application form to the Awards and Benefits team at the address given overleaf.

CHILDREN WHOSE PARENTS/CARERS RECEIVE THE FOLLOWING ARE ENTITLED TO FREE SCHOOL MEALS:

If you receive Working Tax Credit you are NOT entitled to Free School Meals regardless of your total income

Child Benefit plus:

PLEASE TICK WHICH BENEFIT YOU RECEIVE

- Income Support (IS)**
- Income-related Job Seeker's allowance (IBJSA) (not contribution based)**
- Income-related Employment and Support Allowance**
- The Guarantee element of the State Pension credit**
- Child Tax Credit** (where there is **NO Working Tax Credit**) AND the **total household income**, as assessed by the Inland Revenue does not exceed **£16,190**.
- Financially supported by NASS (National Asylum Support Service).**

A young person who receive IS or IBJSA in their own right are also entitled to receive free school meals and should complete this form as the claimant.

Details of claimant Mr / Mrs / Miss / Ms)	National Insurance/Nass No	<input type="text"/>
SURNAME:		
FIRST NAME:.....Date of Birth		<input type="text"/>
Relationship to child(ren).....		
ADDRESS:		
Post Code:.....Telephone no:.....Mobile:.....		
Is this your first application for free school meals in Thurrock? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Details of Spouse/Partner (to be completed if you live at the same address)	National Insurance No.	<input type="text"/>
SURNAME:(Mr/Mrs/Miss/Ms)		
FIRST NAME:.....Date of Birth		<input type="text"/>
Relationship to child(ren).....		
Telephone no:.....Mobile:.....		

Details of ALL dependent children for whom you wish to claim for free school meals: Please use BLOCK CAPITALS

All names must be in full and the legally registered name for the child.

Legal Surname	First name	Male or Female	Date of Birth	School Name

The Awards and Benefits Section must be informed immediately if you change address or if your child(ren) change schools.

To be completed by all claimants:

I certify that the information is to the best of my knowledge correct and complete. I agree that, should my child fail for any reason to attend the school for any part of any term in the period covered by the award or should I cease to live in the Council's area, I will notify Thurrock Council immediately. I understand that I will be liable for any costs incurred in providing free school meals for my child(ren), should I fail to inform the authority/school of the termination of my benefit.

I authorise Thurrock Council to make enquiries about the validity of the information provided on this form and other central and/or local government bodies, as deemed appropriate by the Authority and hereby consent to the disclosure of any information sought in accordance with the foregoing for the purposes of the Data Protection Act 1998.

Parent/guardian signature..... Date.....
 Spouse/partner signature.....Date.....

Fast Track Service

We are now able to check entitlement to free school meals via a secure government website. Meals can start as soon as your application has been verified.

For School use only — Electronic checking service		
Date submitted to TBC:		
Administrator:		
Result Returned:	Eligible:	
	Not found:	
	Un-entitled:	

For Results Not Found:
I confirm that the information given is correct and I enclose paper evidence of the applicants benefit. (tick appropriate box)
<input type="checkbox"/> Income Support
<input type="checkbox"/> Job Seekers Allowance (Income Based)
<input type="checkbox"/> Employment Support Allowance (Income based)
<input type="checkbox"/> Pension Credit—guarantee element
<input type="checkbox"/> Child Tax Credit not exceeding qualifying amount
<input type="checkbox"/> Financial support under the Immigration & Asylum Act

For Benefits Team use only:		Additional Notes:
Input of data:	
Checked on HUB	
Date evidence requested if not supplied:	
Assessment decision:	
Date:	

The completed form should be sent to : **Awards and Benefits Section**
Civic Offices
New Road
Grays
RM17 6SL