

Help with Free "GW cc" Meals

If you are in receipt of Housing and/or Council Tax Reduction, you will not need to complete this form.
If you are unsure, please ring the Claims Team on (01253) 478940 for advice.

You will only be entitled if you or your partner receive any of the following (Tick as appropriate)

- | | |
|--|---|
| <input type="checkbox"/> Job Seekers Allowance (Income Based) | <input type="checkbox"/> Guarantee Credit |
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Employment and Support Allowance (ESA) |
| <input type="checkbox"/> Child Tax Credit and NO entitlement to Working Tax Credit and income of £16,040 or below | |
| <input type="checkbox"/> Support under part VI of the Immigration and Asylum Act 1999 | |

Details of Parent/Legal Guardian with whom the child/ren normally live

Full Name:	Your Date of Birth:										
Home Address:	Telephone:										
Post Code:	National Insurance Number: <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
If you have a partner, please give their Full Name:	Partners Date of Birth:										
	Partners National Insurance Number: <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										

Details of Dependant Children

Give below the details of each child who is in full-time attendance at a School or other educational establishment.
DO NOT include any child/ren you foster or for whom you receive a guardian's allowance.

Surname	First Names	Date of Birth	Name of School Attended	Your Relationship to Child

**You must send proof of all your income. Please refer to the enclosed guidance notes for details.
The information given on this form will be subject to a check by the Benefits Service.**

**Return the completed form to Claims Team, Benefits Division, PO BOX 50, Town Hall, Blackpool, FY1 1NF.
Alternatively, you can bring in your application and documentation to the Customer First Centre at the
Municipal Buildings in Corporation Street, Blackpool.**

Declaration and Signature

I understand the following.

To the best of my knowledge the information I have given is true and complete.

If I give information that is incorrect or incomplete, you may take action against me.

I authorise Blackpool Council to check the information if they so wish. I will notify Blackpool Council Benefits Service immediately if my circumstances change or my entitlement to the above benefits end. If my circumstances change I may become liable for payment of any free school meals taken by my child or children to which they are not entitled.

I know I must let you know immediately about any changes in my circumstances which might affect my claim.

This is my application for Free School Meals.

**SIGNATURE
OF APPLICANT:**

DATE: