

Application form for Free School Meals

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IMPORTANT: All sections must be filled in clearly in **BLOCK CAPITALS** and **must be completed by the person claiming the qualifying benefit.** If you have any questions, please call the Helpline on 0300 123 2224.

DETAILS ABOUT YOU:

| Legal Surname | Legal Forename | Title | Date of Birth | National Insurance Number or National Asylum Support Number | | | | | | | | |
|---------------|----------------|-------|---------------|---|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |

YOUR COMPLETE ADDRESS:

Address: _____

Post Code: _____ Relationship to child(ren): _____

Telephone Number(s): Daytime: _____ Mobile: _____

Child(ren)'s Address: _____ Post Code: _____
(if different)

DETAILS OF EACH DEPENDANT CHILD THAT YOU WISH TO CLAIM FOR IN SOMERSET: (include all children)

| Legal Surname | Legal Forename | M/F | Date of Birth | Name of School Attending (if School Age) |
|---------------|----------------|-----|---------------|--|
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Please note: Any award of Working Tax Credit (other than the 4 week 'run on') means you do not qualify for free school meals. The Government does not allow us to recognise any benefit other than those listed overleaf.

Where did you find out about Free School Meals?

DECLARATION: I confirm that the information I have given above is correct. I will tell you immediately if my details (for example address) or my circumstances change.

I wish for Somerset County Council to be able to assess my claim now and in the future via a secure computer link with the Department for Education. I agree that Somerset County Council can use the information I have provided to process my claim for free meals and can contact other sources as allowed by law to verify my initial and continuing entitlement. The information requested will be held securely and will only be disclosed to staff in the Local Authority or partner agencies who have a right of access, as well as where appropriate to the Department of Education, Ofsted and Capita Children's Services. If a disclosure elsewhere becomes necessary, we will contact you before doing this. When no longer required, it will be disposed of in a manner appropriate to its sensitivity.

Your signature: _____ Date: _____

Please return this form to: Entitlements Team, County Hall, Taunton, TA1 4DY

| Office Use Only | ECS | | Core Data | EMS | Letter sent |
|-----------------|-----|--|-----------|-----|-------------|
| | Y/N | | | | |
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