

## **CONFIDENTIAL**

## "HUB" APPLICATION FOR FREE SCHOOL MEALS

Please read carefully. All applicants must complete Sections A and B

## **ELIGIBILITY**

Free School Meals are available only to children whose parents/guardians are in receipt of the following benefits:

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- Child Tax Credit, provided they are not entitled to Working Tax Credit and have an annual income, as assessed by HM Revenue and Customs, that does not exceed £16,190
- Guarantee element of State Pension Credit

Section A:- Claimant's Details (Please complete in block capitals)				
SURNAME	FIRST NAME	MR/MRS/MISS/MS		
NATIONAL INSURANCE NO/NA	TIONAL ASYLUM SUPPO	PRT NO		
DATE OF BIRTH				
ADDRESS				
POSTCODE	TELEPHONE NO			
E-MAIL ADDRESS				
RELATIONSHIP TO CHILD(REN)	E.G. PARENT/GUARDIAN	<b>J</b>		
Please give details of each school agdetails of the schools they attend.	ge child in your family atten	ding a Hampshire school together with		
Name(s) of Child(ren)	Date of Birth	Name of School		

## Section B- Declaration of parent/guardian

I declare that the information given on this form is correct. I agree that Hampshire County Council will use the information, I have provided, to process my claim for free school meals and will contact other sources as allowed by the law to verify my initial and ongoing entitlement.

**Important:** The personal information you provide will be used for the purpose of processing this application form and will be in accordance with the principles of the Data Protection Act 1998.

FOR OFFICE USE ONLY			
Proof of entitlement for free school meals confirmed by Catering Support		Date	
Authorised by		Date	
Parent notified		Date	
Free meals start date		End date	

PLEASE RETURN THIS FORM TO The School(s) your child(ren) attend.