

**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/NATIONAL ASYLUM SUPPORT NO .....

DATE OF BIRTH.....

ADDRESS.....

.....

POSTCODE..... TELEPHONE NO.....

E-MAIL ADDRESS .....

RELATIONSHIP TO CHILD(REN) E.G. PARENT/GUARDIAN.....

Please give details of each school age child in your family attending a Hampshire school together with details of the schools they attend.

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.

I agree to notify the school without delay of any change in my circumstances which may affect my entitlement to benefits.

Signed ..... Date .....



**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.