

**Do not complete this form if you receive any Working Tax Credit as you will NOT qualify for Free School Meals**

Children whose parent/legal guardian receive any of the following are entitled to free school meals

✓ Please Tick

Income Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Universal Credit - <b>(PLEASE PROVIDE SUPPORTING EVIDENCE)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Job Seekers Allowance – <b>INCOME BASED ONLY</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employment and Support Allowance – <b>INCOME RELATED ONLY</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Guaranteed Pension Credit (Inc Child Tax Credit)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Support under Part VI of the immigration and Asylum Act 1999	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child Tax Credit <u>Only</u> , with an annual income of less the £16,190 <b>(NOT Including Working Tax Credit - Check your latest Tax Credit Awards Notice if you're unsure)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Section A: Details of Parent/Legal Guardian in receipt of above qualifying benefits**

All Boxes **MUST** be Completed in Capital Letters

Mr/Mrs/Ms/Miss  Surname:  First Name:

Your Date of Birth  Relationship to Child(ren):   
(Not Your Child's) (Mother/Father/Legal Guardian etc)

Home Address:

Post Code:  Telephone No:

If your address has changed since you last applied, please confirm your previous address below:

**National Insurance Number or NASS Ref Number of Parent/Guardian/Claimant – This MUST be provided**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Section B: Details of school age children attending a school in Sandwell**

All Sections **MUST** be completed in CAPITAL LETTERS and please ensure that FULL details are given

Surname	First Name (s)	Date of Birth	Name of School Attending

**Section C: Declaration to be completed by applicant whose details are provided in Section A:**

- I agree that you 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 understand that the result of any free school meals eligibility check may also be used to assess my entitlement to receive free travel to school and/ or uniform grant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with our service standards, eligible claims will be processed within 5 working days from receipt of completed application forms. If however you require further information or assistance please contact the Free School Meals Team on 0121 569 8186 or 8189.

**For Official Use Only**

Eligible to FSM: Y  N  (Attach Hub Result Sheet) Date ECS Hub FSM Checked \_\_\_\_\_ FSM Start Date \_\_\_\_\_

School Informed Date \_\_\_\_\_ Authorised EMS Date \_\_\_\_\_ Assessed By (staff initials) \_\_\_\_\_ Date \_\_\_\_\_

**Checklist Actions**

Pupil(s) Attending a Sandwell School  Receiving Eligible Benefit(s)  Hub Result Sheet Attached (only if new FSM Generated)

Guardian and Pupils Details Entered Correctly on EMS  Start and End Date Entered Correctly  Checked By (staff initials) \_\_\_\_\_ Date \_\_\_\_\_

# **Free School Meals**

**IS CURRENTLY VALUED AT OVER**

**£390 for 1 Child**

**£780 for 2 Children**

**£1,170 for 3 Children**

**£1,560 for 4 Children**

**Are you eligible?**

**Simply complete and return this form to your school or to the address below:**

**Education Benefits and Transport  
P.O. Box 16230  
Sandwell Council House  
Freeth Street  
Oldbury  
B69 9EX**

**It's as easy as that!**

**If you wish to apply online go to:**

**[www.sandwell.gov.uk/freeschoolmeals](http://www.sandwell.gov.uk/freeschoolmeals)**