

**FREE SCHOOL MEALS
APPLICATION FORM**

Benefits Assessment Unit
PO Box 660
Halifax HX1 1ZT
Tel: 0845-245-8000
benefits.unit@calderdale.gov.uk

Name			
Address			
National Insurance No.		Date of birth	
Contact number			

I would like to apply for Free School Meals for the following child/children:

Full name of child	Date of birth	School attended

Please answer the following questions:

I receive Income Support or income based Job Seekers Allowance.	YES		NO	
I receive the Guarantee Credit element of State Pension Credit.	YES		NO	
**I receive Child Tax Credit only and my annual income does not exceed £15,575.	YES		NO	
I am the parent or the legal guardian of the child/children and receive child benefit for them.	YES		NO	
I receive support under Part VI of the Immigration and Asylum Act 1999.	YES		NO	

NOTE: You will not qualify for Free School Meals if you receive Working Tax Credit.

****Please provide your Child Tax Credit award notification to confirm entitlement.**

Signature	
Date	

If you would like this information in another format or language, please contact 0845-245-8000.