



Free School Meals & Clothing Grants Claim Form 2010/11



Tel: 0151 233 3009 Minicom: 0151 225 3275 Email: benefits.service@liverpooldirectlimited.co.uk

Important notice: Please do not complete this form if you are getting or wish to claim Housing and/or Council Tax Benefit. Please phone 0151 233 3009 for advice.

Please use **black ink** to fill in this form. Before you fill in this form, please read the notes on page 4. You must provide evidence of your income/benefits.

Claim **free school meals** on this form if you get:

- Income Support
- Income-related Employment and Support Allowance
- Child Tax Credit, with an income of less than £16,190 as assessed by HM Revenues & Customs and not receiving Working Tax Credit
- Support under Part V1 of the Immigration and Asylum Act 1999
- Pension Credit guarantee Credit.

Claim **clothing grants** on this form if you:

- Meet the rules for Free School Meals, or
- Receive Housing Benefit or Council Tax Benefit or
- Receive Child Tax Credit and Working Tax Credit with income as assessed by HM Revenues & Customs of less than £16,190.

Please tick which benefit(s) you want to claim:

☐

Free School Meals

☐

Clothing Grant

1. Your full name and address

Title (Mr, Mrs, Miss, Ms): Name:
Address: (give your room or flat number if you have one)
.....
..... Postcode:
Daytime phone number: Mobile phone number:
Email address:

2. Your details (and your partner's if they live with you)

1. Do you have a partner who lives with you? ☐ No ☐ Yes If you have a partner, you must answer all the questions about them as well
- | | You | | | | | | | | | | Your partner | | | | | | | | | |
|---|----------------------|----------------------|--------------------------|----------------------|----------------------|----------------------|--------------------------|----------------------|--------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|--|--|--|--|
| 2. Surname or family name | ..... |  |  |  |  |  |  |  |  |  | ..... |  |  |  |  |  |  |  |  |  |
| 3. Other names | ..... |  |  |  |  |  |  |  |  |  | ..... |  |  |  |  |  |  |  |  |  |
| 4. Date of birth | ..... |  |  |  |  |  |  |  |  |  | ..... |  |  |  |  |  |  |  |  |  |
| 5. National Insurance number (we need it to check that you get the benefits you tell us about on this form) | Letters | | Numbers | | | | Letter | | Letters | | Numbers | | | | Letter | | | | | |
| | <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"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | |
| 6. Tell us any other names you use or have used | ..... |  |  |  |  |  |  |  |  |  | ..... |  |  |  |  |  |  |  |  |  |
| 7. Previous address | ..... |  |  |  |  |  |  |  |  |  | ..... |  |  |  |  |  |  |  |  |  |
| | | | | | | | | | | | | | | | | | | | | |
| 8. Have you made a claim for these benefits before? | No | | <input type="checkbox"/> | | Yes | | <input type="checkbox"/> | | If yes, what is your claim reference | | | | | | | | | | | |
| | | | | | | | | | | | <input type="text"/> | | | | | | | | | |

3. Dependent children who live with you

Full name	Date of Birth	Relationship to you or your partner	Name and full address of school from September 2010	Tick if you get child benefit for them <input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

4. About your benefits

If you are not in receipt of Housing Benefit/Council Tax Benefit you must enclose your award letters showing your current address for each benefit you are receiving. Please enclose your award letter for child benefit for all children you wish to claim for.

1. Do you or your partner get Housing Benefit or Council Tax Benefit?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what is your claim reference number? <input type="text"/>	
2. Do you or your partner get Income Support?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please enclose your latest award letter as evidence	
3. Do you or your partner get Income-related Employment and Support Allowance?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please enclose your latest award letter as evidence	
4. Do you or your partner get the guaranteed part of Pension Credit?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please enclose your latest award letter as evidence	
5. Do you or your partner get Jobseeker's Allowance Income Based?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please enclose your latest award letter as evidence	
6. Do you or your partner get Child Tax Credit?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please enclose your latest Tax Credit award letter as evidence	
7. Do you or your partner get Working Tax Credit?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please enclose your latest Tax Credit award letter as evidence	

5. Bank details

Primary School and Secondary School uniform grants are paid directly into your bank account. We cannot pay into a Post Office account.

Name(s) of account holder(s)
.....
.....

Bank/Building Society Sort Code

--	--	--	--	--	--

Bank/Building Society Account No's

--	--	--	--	--	--	--	--

Name and full postal address of your bank or Building Society (We cannot accept Post Office accounts).
.....
.....
.....Postcode

Roll Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

N.B The roll number is only needed if you want your payment to go into a Building Society account that does not accept direct BACS payment (e.g. Investment accounts). **Please check with your Building Society if in doubt.** If you are unsure about any of the above please send a photocopy of your latest Bank or Building Society statements.

Please provide a daytime contact telephone should there be any queries regarding any of the above information.

Tel:

Name:

6. About your ethnic origin or disability

Liverpool City Council is committed to making sure that our services are accessible to all members of the community. You do not have to answer the following questions about yourself, but if you do, it will help us to improve access to our services. This information is confidential and we will only use it to improve our services.

What ethnic origin are you? Please choose one of the following. Fill in the 'other' box if appropriate.

Asian or Asian British ☐ Asian British ☐ Bangladeshi ☐ Indian ☐ Pakistani
☐ Any other Asian background

Black or Black British ☐ African ☐ Black British ☐ Caribbean ☐ Nigerian ☐ Somali
☐ Any other African background

Chinese or Other Ethnic Group
☐ Chinese ☐ Gypsies ☐ Travellers (see note below) ☐ Yemeni ☐ Other

Mixed ☐ White & Asian ☐ White & Black African ☐ White & Black Caribbean
☐ Any other mixed background

White ☐ British ☐ Irish ☐ Any other white background

What is your Sexual Orientation?

☐ Bisexual ☐ Gay Women/Lesbian ☐ Heterosexual/Straight ☐ Gay Man
☐ Prefer not to say

What is your Belief/Faith/Religion?

☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh
☐ None ☐ Other

Travellers are defined as specific ethnic group who may also belong to a variety of racial backgrounds. For this reason, if you consider yourself to be a traveller, you may also tick another category which shows your racial background.

6. About your ethnic origin or disability (continued)

Do you consider yourself disabled?

☐ No

☐ Yes

☐ Prefer not to say

If 'yes', do you need anything particular to overcome any barriers to receiving our service?

☐ No

☐ Yes (if 'Yes' please give details below)

7. Declaration

I declare that the information I have given on this form is correct and complete. I will tell you immediately if any circumstances change.

You may use any information I have given you in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other government organisations or local authority, if the law allows this. I understand that if I give incorrect or incomplete information or I fail to report any change of circumstances which might affect my benefit, you may take action against me and that this could involve prosecution.

Name: Signed: Date:

8. Helpful notes on completing this form (please read carefully)

Filing in the form

Use black ink to fill in the form. Do not use pencil. If you make a mistake, just cross it out and put the right answer next to it. Do not use correction fluid or tape. Answer 'Yes' or 'No' questions by putting a tick in the relevant box.

Proof and checklist

We need to see proof of all the benefits you tell us about. We must see **original documents**, not copies. Examples of proofs are set out below:

- TC602 certificate for Child Tax Credit/Working Tax Credit and Pension Credit M1000 Award Notice
- Proof of Benefits Award Notice
- Your income as assessed by the Inland Revenue must be below £16,190. You should provide the address of the DWP office where your claim is held and NOT the Post Office where the money is collected.

Changes in Circumstances

You must tell us immediately in writing, if for example:

- You leave your present address
- You stop receiving Income Support, income-related Employment and Support Allowance or the guaranteed part of Pension Credit
- Your Child Tax Credit changes or you start to get Working Tax Credit while you are getting free school meals
- Your child changes school
- There is another change that could affect your benefits.

These are just examples, not a complete list.

If you need help filling in the form

You can visit us at one of our One Stop Shops. You will need to book an appointment to discuss your claim. You can make an appointment by calling 0151 233 3016.

All shops have the following facilities

- Wheelchair and pram access and specially lowered desks
- Mini-loop facility
- Advisors trained in British Sign Language
- BT's 'language line' through which we can contact an interpreter if your first language is not English.

9. What to do next

When you have filled in the form, sign it and bring it with the proof we need to see to one of our One Stop Shops. Alternatively post the form with all the proof we need to:

Liverpool City Council, Benefits Service, PO Box 13,
Liverpool L69 2JG

You need to send this form to us together with any proof. If you do not send the necessary proof with the form, we will not process your claim.

If any child is transferring schools in September 2010, or within the next few weeks please give the full name of the new school only.

Liverpool City Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. The Council participates in the National Fraud Initiative data matching exercise administered by the Audit Commission. For further information you can access the Audit Commission website at www.audit-commission.gov.uk/nfi.