

PLEASE TICK APPROPRIATE BOX FOR THE BENEFIT YOU RECEIVE

- Income Support Immigration and Asylum Seekers Allowance
 Income Based Job Seekers Allowance Guarantee Element of Pension Credit
 Child Tax Credit with income below the set limit

1. Details of Applicant

Full Name: Date of Birth/...../.....

Address:

..... Post Code:

Telephone No.: Relationship to Children:

National Insurance Number L L N N N N N L **L = Letter**

Must be completed

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N = Number

2. Details of Child/Children

Give details of each child in full-time attendance.

| Full Name | Date of Birth | School |
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3. Details of Entitlement to Benefits

PLEASE ATTACH ORIGINAL CURRENT PROOF OF YOUR ENTITLEMENT. IF YOU DO NOT HAVE THIS YOUR ENTITLEMENT CAN BE CHECKED ON-LINE BY THE SUPPORT SERVICES SECTION AGAINST THE RELEVANT BENEFIT ORGANISATION

4. Declaration

Please read this declaration carefully before you sign and date it:-

- I certify that the information given is correct and complete. If information is incorrect or fraudulent you may take action against me. This may include court action.
- I acknowledge that the information provided will be processed for the purpose of school meals and may be passed to other services within WCBC.
- I agree that I will notify the Support Services Section of WCBC as to any changes in my circumstances which may affect my claim.
- I authorise the Department for Work & Pensions / HMR&C to divulge information regarding my entitlement to benefits with WCBC.

Signature Date