



6 Are you in receipt of:

<b>Income Support</b>	<input type="checkbox"/>
<b>Income Based Job Seekers Allowance</b>	<input type="checkbox"/>
<b>Income Related Employment and Support Allowance</b>	<input type="checkbox"/>
<b>Guarantee Element of State Pension Credit</b>	<input type="checkbox"/>
<b>Child Tax Credit with no Working Tax Credit</b>	<input type="checkbox"/>
<b>Support under Part 1V of the Immigration &amp; Asylum Act 1999</b>	<input type="checkbox"/>
<b>Housing Benefit</b>	<input type="checkbox"/>
<b>Council Tax Benefit</b>	<input type="checkbox"/>

**Benefit Number** \_\_\_\_\_

**PLEASE NOTE**

1. **BARNSELY MBC HAS THE FACILITY TO CHECK BENEFIT ENTITLEMENT. THIS MEANS THAT YOU DO NOT NEED TO SEND PROOF AT THIS STAGE HOWEVER; IF WE ARE UNABLE TO ESTABLISH YOUR ENTITLEMENT WE MAY REQUEST DOCUMENTRY EVIDENCE.**
2. **YOU WILL NOT QUALIFY IF YOU ARE IN RECEIPT OF WORKING TAX CREDITS.**
3. **YOU WILL BE CHARGED FOR ALL MEALS TAKEN PRIOR TO RECEIPT OF THIS FORM.**

7 I certify that the information given by me regarding income/benefits is correct to the best of my knowledge and belief and I undertake to notify Scheme of Aid immediately of any change in circumstances set out therein. I understand that Scheme of Aid may check or share with other agencies the income/benefit I have declared.

8 Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

9 Completed Forms and Documentary Evidence should be returned to:

**Barnsley MBC  
Directorate for Children, Young People and Families  
Free School Meals  
Corporate Mail Room  
PO Box 634  
BARNSELY  
S70 9GG**

**FOR OFFICE USE ONLY**

From: \_\_\_\_\_

Assessed by: \_\_\_\_\_ Date: \_\_\_\_\_

Checked by: \_\_\_\_\_ Date: \_\_\_\_\_