

Application for Assistance 2019–2020

FREE SCHOOL MEALS and SCHOOL CLOTHING AND FOOTWEAR
ALL APPLICANTS ARE REQUIRED TO COMPLETE THE INFORMATION BELOW AND OVERLEAF

If your application and supporting evidence (if required) is received on or before 28/06/2019 you can expect your grant amount to be paid by 19/07/19. If your application and supporting evidence (if required) is received after 28/07/2019 we cannot guarantee payment will be made before pupils return for the new term.

1. APPLICANT	
PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
TITLE:..... SURNAME:	TITLE:..... SURNAME:
FORENAME(S):.....	FORENAME(S):.....
NI NUMBER:.....	NI NUMBER:.....
DATE OF BIRTH:.....	DATE OF BIRTH:.....
RELATIONSHIP TO CHILD/CHILDREN:.....	RELATIONSHIP TO CHILD/CHILDREN:.....
CURRENT ADDRESS:	
.....	
POSTCODE:	
PREVIOUS ADDRESS:	
.....	
POSTCODE:	
TELEPHONE NO:	

2. CHILDREN – From Primary One Upwards (Details of all children for whom assistance is requested should be entered below)		
Name	Date of Birth	School Attended

3. VERIFICATION OF BENEFITS/TAX CREDITS

Please enclose **original HM Revenue & Customs 2019/20 Tax Credit Award Notice** or **Current Letter of Entitlement providing full benefit details** (Please tick box if award notice/benefits letter is/are enclosed)

4. BENEFIT INFORMATION – TYPE OF BENEFIT (Tick as appropriate)

Evidence must be provided

Income Support	<input type="checkbox"/>	Child Tax Credit (but not Working Tax Credit) with annual income less than £16,105	<input type="checkbox"/>
Income Based Job Seekers Allowance	<input type="checkbox"/>	Maximum Working Tax Credit and Maximum Child Tax Credit with annual income less than £6,900	<input type="checkbox"/>
Any income related element of Employment and Support Allowance	<input type="checkbox"/>	Universal Credit with monthly earned income of £610 or less	<input type="checkbox"/>
Support Under Part VI of Immigration and Asylum Act 1999	<input type="checkbox"/>	Working Tax and/or Child Tax Credit with annual income less than £16,105 (clothing grant only)	<input type="checkbox"/>

5. ASSISTANCE

Please tick the appropriate box(es) for the assistance you are applying for

Free School Meals for your child/children	<input type="checkbox"/>	Assistance with School Clothing and Footwear for your child/children (The award is £100 per child)	<input type="checkbox"/>
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6. BANK/BUILDING SOCIETY ACCOUNT DETAILS

Name of Account Holder:.....
 Bank/Building Society Name:.....
 Address:

Sort Code: Account No:

Roll/Reference No:

Remittance Advice Details:

E-mail Address:.....

If you are using the same bank account details as on a previous application this may assist us to process your claim quicker.

7. DECLARATION

Please read this declaration carefully before you sign and date it.

- **I declare** that, the information given on this form is correct and complete. I understand that if I give information that is incomplete or incorrect, I may be liable to criminal prosecution.
- **I authorise** Scottish Borders Council to verify this information and seek confirmation as to its accuracy from the bodies whom I have named on the above form.
- **I authorise** all of the said bodies to disclose all information relating to me held by them to Scottish Borders Council that the Council consider may have a bearing on the Council's assessment of my entitlement to the grant applied for.

I authorise Scottish Borders Council to share between Council departments the information which I have provided on the above form, and any other information which I have provided to them on previous occasions.

I agree that Scottish Borders Council may use existing information held in relation to any Housing and/or Council Tax Reduction claim I have made to confirm my entitlement to state benefits. I know I must let you know in person, over the phone or in writing about any change in family or financial circumstances which may affect the assistance I receive.

To find out how we will process and use your personal information in connection with this request, please see our Privacy Notices at www.scotborders.gov.uk/CASSPrivacyNotices

If you would like a printed copy, you can contact us by telephone on **0300 100 1800**.

Your signature: **Date:**.....

Please contact us immediately if there is any change to your benefit

Please return this form to your local Council Contact Centre or by post to Customer Advice and Support, Scottish Borders Council, Council Headquarters, Newtown St Boswells, Melrose, TD6 OSA