Application for Assistance
2016–2017

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

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 2016/17 Tax Credit Award Notice** or **Current Letter of Entitlement providing <u>full</u> benefit details** ☐
(Please tick box if award notice/benefits letter is/are enclosed)

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

<u>Evidence must be provided</u>

Income Support	☐	Child Tax Credit (but not Working Tax Credit with annual income less than £16,105)	☐
Income Based Job Seekers Allowance	☐	Maximum Working Tax Credit and Maximum Child Tax Credit with Income below £6,420	☐
Support Under Part VI of Immigration and Asylum Act 1999	☐	Any income related element of Employment and Support Allowance	☐
Child Tax Credit and Working Tax Credit with an income less than £16,105 (Clothing grant only)	☐	Universal Credit	☐

5. ASSISTANCE

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

Free School Meals for your child/children	☐	Assistance with School Clothing and Footwear for your child/children (The award is £45 per child)	☐

7. 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:…….……..

Fax No:.……

8. DECLARATION

I declare that, to the best of my knowledge, the information given is true and complete. 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 also 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 undertake to advise Scottish Borders Council of any change in circumstances as detailed in this form which may affect assistance.

I understand and accept that if my family circumstances change, it is my responsibility to notify Scottish Borders Council accordingly, and that my eligibility for assistance will be re-assessed.

I understand that a person who dishonestly obtains assistance shall render themselves liable to criminal prosecution.

Your signature: …… **Date:**……

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

Data Protection: Please note that the information provided by you and obtained from external agencies will be held on computer or manual files for the purpose of provision of Clothing and Footwear grants and provision of Free School Meals and shall only be disclosed to relevant employees in Scottish Borders Council and external agencies named in your application.

Communication Policy: We aim to act with the highest levels of courtesy, compassion, tolerance and restraint whilst carrying out our duties and equally expect members of the public to behave reasonably in return. Our staff have the right to work without intimidation or fear of verbal or physical assault. Be advised that if a member of our staff is assaulted or abused, we may seek redress through the criminal or civil courts.

Please return this form to your local Council Contact Centre or by post to Customer Services, Scottish Borders Council, Council Headquarters, Newtown St Boswells, Melrose, TD6 0SA