## FSM+ Eligibility Checker



Surname:

Please use black ink and write in block capitals.

Forename:

## Parent or carer details

Title:

The person receiving the benefit must be listed on the form

Have you previously been known by another surname? If yes, what is that name?						
(This will help us search on benefits systems)						
Address:						
	Postcode:					
Parent or carer's date of birth:	Telephone:					
Mobile phone number:						
Email address:						
National Insurance (NI) or National Asylum Support Service (NASS) number:						
NI - 9 digits, 2 letters, 6 numbers 1 letter. NASS -	first 9 numbers only					
Relationship to children named on this claim:						
If you have joint parental responsibility please complete the details below:						
Title: Forename:	Surname:					
Have you previously been known by another surname? If yes, what is that name?						
(This will help us search on benefits systems)						
Address:						
	Postcode:					
Parent or carer's date of birth:	Telephone:					
Mobile phone number:						
Email address:						
NI or NASS number:						
Relationship to children named on this claim:						

Parent/carer decla	ıration								
I agree to inform	I agree to inform you immediately if my benefit stops or changes.								
I agree that the information given on this form is correct. I give permission for Newcastle City Council to check my eligibility status with the relevant benefit providers, and hold my details to make further checks.									
If eligible I agree to complete local Sure Start registration form (2 year olds only)									
Parent 1 Signed: Parent 2	Signed: Date:								
Signed:									
Child's details  Surname	Forename	Date of birth dd/mm/yyyy	Child's school	1. LAC	2. DLA	3. ЕНСР			
			Wingrove Primary						
<ul> <li>1. LAC - the child is currently being looked after by a local authority in England or Wales, or the child has left care in England or Wales through:</li> <li>an adoption</li> <li>a special guardianship or arrangement order</li> </ul>									
2. DLA - the child is in receipt of Disability Living Allowance									

For more information or to apply online visit: ww.newcastle.gov.uk/freeschoolmeals

3. EHCP - The child has an Education Health and Care Plan

Return this form to:

**WINGROVE PRIMARY SCHOOL** 

Office use only			
Initials			
Hub	Yes / No		
check			
Date			