

# VALE OF GLAMORGAN COUNCIL APPLICATION FOR FREE SCHOOL MEALS



<b>Claim reference:</b>	<b>Date issued:</b>
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**Free School Meals can only be claimed by parents who receive one of the following benefits.**

**Please tick the relevant box to indicate which applies to you:**

	• Income Support (IS).
	• Income Based Job Seekers Allowance (IBJSA).
	• Employment Support Allowance (Income Related) (ESA(IR)).
	• Child Tax Credit with an annual income which does not exceed £16,190, and are <b>NOT</b> entitled to Working Tax Credit.
	• Support under part VI of the Immigration and Asylum Act 1999.
	• Guarantee element of State Pension Credit.
	• Children who receive IS or IBJSA in their own right are also eligible to receive free school meals.
	• Universal Credit

**TO BE COMPLETED BY APPLICANT AND PARTNER – ALL BOXES MUST BE COMPLETE OTHERWISE WE MAY NOT BE ABLE TO MAKE A DECISION. THIS MAY DELAY FREE SCHOOL MEALS ENTITLEMENT.**

<b>APPLICANT TITLE:</b>		<b>PARTNER TITLE:</b>		
Full Name:		Full Name:		
Date of Birth:		Date of Birth:		
National Insurance No:		National Insurance No:		
Address:				
Postcode:		Phone number/s:		
<b>Names of all children you wish to claim FSM for</b>	<b>Date of Birth</b>	<b>M/F</b>	<b>Name of School</b>	<b>Date started/Starting</b>

Declaration to be signed by applicant and partner

I declare that:

- a) The information given by me in this form is to the best of my knowledge correct.
- b) I will inform you of any changes in my circumstances
- c) I agree that you will use this information I have provided to process my claim for free school meals and will contact other sources as allowed by law to verify my initial, and ongoing, entitlement.
- d) I understand that the results of any free school meals eligibility check may also be used to assess my entitlement to receive any additional benefits where applicable, for e.g. School Uniform Grant.

**Signature of Applicant:** ..... **Date**.....

**Signature of Partner:** ..... **Date**.....

**Please complete and return to:**

**Free School Meals, Benefit Section, Civic Offices, Holton Road, Barry, CF63 4RU  
Or email your completed and signed form to: [benefits@valeofglamorgan.gov.uk](mailto:benefits@valeofglamorgan.gov.uk)**

# CYNGOR BRO MORGANNWG

## FFURLEN GAIS AR GYFER PRYDAU YSGOL AM DDIM

Dim ond rhieni sy'n cael un o'r budd-daliadau a restrir isod fydd yn gallu hawlio Prydau Ysgol am Ddim.

*Ticiwch y bocs perthnasol.*

	<ul style="list-style-type: none"><li>• Cymhorthdal Incwm (IS).</li></ul>
	<ul style="list-style-type: none"><li>• Lwfans Ceisio Gwaith wedi'i Seilio ar Incwm (IBJSA).</li></ul>
	<ul style="list-style-type: none"><li>• Lwfans Cyflogaeth a Chymorth (Seiliedig ar Incwm) (ESA(IR)).</li></ul>
	<ul style="list-style-type: none"><li>• Credyd Treth Plant gydag incwm blynyddol heb fod yn uwch na £16,190, ac <b>NAD YDYNT</b> yn gymwys i hawlio Credyd Treth Gwaith.</li></ul>
	<ul style="list-style-type: none"><li>• Cymorth dan rhan VI Deddf Lloches a Mewnfudo 1999.</li></ul>
	<ul style="list-style-type: none"><li>• Elfen Gwarant Credyd Pensiwn y Wladwriaeth.</li></ul>
	<ul style="list-style-type: none"><li>• Mae plant sy'n cael IS neu IBJSA drostynt eu hunain yn gymwys i gael prydau ysgol am ddim hefyd.</li></ul>

I'W LENWI GAN YR YMGEISYDD A'U PARTNER				
TEITL YMGEISYDD:		TEITL PARTNER:		
Enw Llawn:		Enw Llawn:		
Dyddiad Geni:		Dyddiad Geni:		
Rhif Yswiriant Gwladol:		Rhif Yswiriant Gwladol:		
Cyfeiriad:				
Cod post:		Rhif ffon:		
Enwau'r holl blant yr ydych yn dymuno hawlio Prydau Ysgol am Ddim ar eu cyfer.	Dyddiad Geni	B/M	Enw'r Ysgol	Dyddiad Dechrau/Mynd i Ddechrau

Datganiad i'w lofnodi gan yr ymgeisydd a'u partner

Rydw i'n datgan:

- Bod y wybodaeth a ddarparwyd gennyf yn y ffurflen hon yn gywir hyd eithaf fy ngwybodaeth.
- Y byddaf yn eich hysbysu o unrhyw newidiadau i'm hamgylchiadau
- Rydw i'n cytuno y byddwch yn defnyddio'r wybodaeth hon a ddarparwyd gennyf er mwyn prosesu fy nghais am brydau ysgol am ddim ac y byddwch yn cysylltu â ffynonellau eraill yn unol â'r hyn a ganiateir dan y gyfraith, er mwyn dilysu fy hawl gychwynol a pharhaus.
- Rydw i'n deall y gallai canlyniadau unrhyw archwiliad o gymhwystra am brydau ysgol am ddim gael eu defnyddio er mwyn asesu fy hawl i gael unrhyw fudd-daliadau ychwanegol hefyd pan fo hynny'n berthnasol, ar gyfer e.e. Grant Gwisg Ysgol.

Llofnod yr Ymgeisydd: ..... Dyddiad: .....

Llofnod y Partner: ..... Dyddiad: .....

**A fydddech gystal â'i llenwi a'i dychwelyd at:**

**Budd-daliadau, Swyddfeydd Dinesig, Heol Holton, Y Barri, CF63 4RU**

**Neu ebost: [benefits@valeofglamorgan.gov.uk](mailto:benefits@valeofglamorgan.gov.uk)**