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**PEMBROKESHIRE County Council**  
 Revenue Services  
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 HAVERFORDWEST  
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 SA61 1TP  
 Telephone: 01437 764551 Ext 6262  
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Cyfarwyddwr: Jonathan Haswell

Director: Jonathan Haswell

**IF YOU DO NOT HAVE CURRENT DOCUMENTARY EVIDENCE OF RECEIPT OF A RELEVANT BENEFIT (EXAMPLES ON PAGE 2 OF FREE SCHOOL MEALS APPLICATION FORM) PLEASE TAKE THIS FORM TO THE BENEFITS AGENCY FOR COMPLETION RETURN BOTH COMPLETED FORMS TO REVENUE SERVICES AT THE ABOVE ADDRESS**

## FREE SCHOOL MEALS - BENEFITS CONFIRMATION

(NB: Free School Meals cannot be granted until confirmation of Benefits is received).

**SECTION A** - Benefit Recipient -

**\*\* TO BE COMPLETED BY PARENT \*\***

Surname _____	Initials _____	Relationship to Pupil(s): _____
National Insurance No: _____	Address: _____	
Tel No: _____		

**SECTION B** (This section must be completed by parent)

Indicate the names etc of each child who is in full time attendance at school

Full Name(s)	Date of Birth	Name of School	Is each child living with applicant? <b>Yes/No</b>

**SECTION C** \*\* TO BE COMPLETED BY DEPARTMENT FOR WORK & PENSIONS/JOB CENTRE \*\*

Please tick relevant box(es):	Commencement Date of Benefit	OFFICIAL STAMP
1. Income Support <input style="width: 50px; height: 20px;" type="checkbox"/>		
2. Job-Seeker's Allowance (Income Based) Only <input style="width: 50px; height: 20px;" type="checkbox"/>		
3. Child Tax Credit only (where household income is under £16,190 p.a). (Working Tax Credits does not qualify) <input style="width: 50px; height: 20px;" type="checkbox"/>		
4. Guarantee Element of State Pension Credit <input style="width: 50px; height: 20px;" type="checkbox"/>		
5. Income-Related Employment Support Allowance <input style="width: 50px; height: 20px;" type="checkbox"/>		
6. Support under part VI of the immigration & asylum act 1999 <input style="width: 50px; height: 20px;" type="checkbox"/>		

Authorised by: .....  
 Benefits Agency/LEA Officer

Date: .....