



**EDUCATION WELFARE SERVICE
APPLICATION FORM FOR FREE SCHOOL MEALS**

PART "A" - TO BE COMPLETED BY APPLICANT

I authorise the Council to confirm with The Benefits Agency that I am in receipt of **Income Support/Income-based Jobseeker's Allowance**.

SIGNATURE:

DATE:

FULL NAME:

NAT. INS. NO.

ADDRESS:

D.O.B.

PART "B" - FOR USE BY THE BENEFITS AGENCY

It is notified that **Income Support/Income-based Jobseeker's Allowance** ceased to be payable to:-

Mr/Mrs/Miss/Ms

NAT. INS. NO.

ADDRESS:

As from:

Please return Part B to: **THE EDUCATION WELFARE SERVICE**
Holne Chase Centre
Buckingham Road
Bletchley
MILTON KEYNES MK3 5HP

Tear off: -----

PART "C" - FOR USE BY THE BENEFITS AGENCY

Mr/Mrs/Miss/Ms

NAT. INS. NO:

ADDRESS:

has applied for Free School Meals. Would you please confirm that this person is in receipt of **Income Support/Income-based Jobseeker's Allowance**.

SIGNED: On behalf of The Benefits Agency

Please return Part C to the address below