



FSM ENTITLEMENT VERIFICATION CHECK

SCHOOL/ACADEMY

NAME OF PUPIL(s): YEAR GROUP

SURNAME OF PARENT/CARER WHO IS IN RECEIPT OF AN ELIGIBLE BENEFIT

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NATIONAL INSURANCE NUMBER OF PARENT/CARER WHO IS IN RECEIPT OF AN ELIGIBLE BENEFIT

OR

ASYLUM SEEKER'S REFERENCE 9 DIGIT NUMBER

DATE OF BIRTH OF PARENT/CARER

PLEASE TICK WHICH BENEFIT YOU ARE CLAIMING

- Universal Credit **with an earnings threshold that does not exceed £7,400**
- Income Support
- Income Based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Child Tax Credit, provided you **are not** entitled to Working Tax Credit and have an annual income, as assessed by HMRC that does not exceed £16,190
- Guaranteed Element of State Pension Credit
- Where a parent is entitled to Working Tax Credit run-on (the payment someone receives for a further four weeks after they stop qualifying for Working Tax Credit).
- Support under part VI of the Immigration and Asylum Act 1999.

I hereby give consent to a check for Free School Meals eligibility, via Durham County Council's Benefit Systems and the Department for Education's online service which includes data from HMRC and DWP. (Communication with Durham County Council may be subject to monitoring and recording.) I understand that it is my responsibility to inform the school if I no longer receive the relevant benefit.

PARENT/CARER'S SIGNATURE: DATE:

PLEASE RETURN THIS FORM TO THE SCHOOL THAT YOUR CHILD ATTENDS

For School/Academy Use Only

Approved/Not Approved Date: Academic Year Completed by

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