



**EYL BENEFITS DISCLAIMER FORM FOR
FREE SCHOOL MEALS**

PARENT/GUARDIAN NAME		
PARENT/GUARDIAN DOB		
ADDRESS		
NI NO. ESSENTIAL		
CHILD'S NAME		DOB

I certify that I am currently receiving a qualifying benefit as listed below.

Tick box	QUALIFYING BENEFIT
	Income Support
	Income Based Job Seekers Allowance
	Child Tax Credit ONLY
	Asylum Seeker
	Pension Credit Guarantee
	Universal Credit

I understand that I will be liable to pay back any monies owing if I am not on the correct qualifying benefit. Please inform Haydon immediately if your circumstances change.

Signed
Name in capitals
Date Signed