**Application form for Ex-gratia Benefit - Temporary extension of the Healthy Start Scheme**

The Department of Health and Social Care has recently agreed to temporarily extend the Healthy Start scheme to British children (aged under 4 years old), whose parent/guardian meet the financial eligibility criteria and are excluded from claiming public funds as a consequence of their immigration status, or their lack of immigration status.

To qualify for the temporary extension you must meet all the following criteria:

* you have a British child, or more than one British child, who is aged under 4 years old;
* your family’s take-home pay is less than £408 per month; and
* you are excluded from claiming public funds as a consequence of your immigration status or your lack of immigration status

## Once you have completed the form please submit this to - Healthystartclaim@dhsc.gov.uk

Section 1 – please fill in the details of the person applying (this is **you**, if you’re applying for a British child aged under four years old)

Title:

Surname:

Date of Birth:

First Name:

National Insurance Number (if applicable)

Home Office reference number or case ID (if known) Email:

Section 2 – Your address and telephone number – please tell us where you live and your current telephone number

Line 1:

Line 2: Town: Country: Postcode:

Contact Number:

Section 3 - Your partner – if they live with you: this could be husband, wife, boyfriend or girlfriend

Title:

Surname:

Date of Birth:

First Name:

National Insurance Number (if applicable)

Home Office reference number or case ID (if known) Email:

Relationship to applicant:

Section 4 - Your carer and carer’s partner: Only fill this in if you are under 18 (or under 20 and in full- time education) and live with a carer – e.g. a parent

4a – your carer

Title:

Surname:

Date of Birth:

First Name:

National Insurance Number (if applicable)

Home Office reference number or case ID (if known) Email:

Relationship to applicant:

4b – your carers partner

Title: Surname: Date of Birth: First Name:

National Insurance Number (if applicable)

Home Office reference number or case ID (if known) Email:

Relationship to applicant:

Section 5 - Your children: Please give details of your British children (under 4 years old)

First name: Surname: Date of Birth:

First name: Surname: Date of Birth:

First name: Surname: Date of Birth:

First name: Surname: Date of Birth:

First name: Surname: Date of Birth:

Section 6

Please provide copies of:

* Your Passport/Home Office reference number or case ID (if known)
* Proof of your address
* Child (s) Birth certificate
* Bank statement

\*If you do not have a bank statement please provide documents that demonstrate your meet the financial criteria. We will contact you as soon as possible if we require further information to help process the application.

Section 7

## Please read this If you are 16 or over, sign and date the form yourself. If you are under 16, ask a parent or carer to sign and date the form on your behalf.

By signing

* I understand that the information I have provided will be used to assess my application for ex-gratia benefit linked to the Healthy Start Scheme and the temporary extension.
* I understand that I must update you where my circumstances change e.g. you have recourse to public funds, change of address.
* To enable us to process your request, and where necessary, required and within the law the Department will use this information to check your application to support the effective and efficient delivery of the benefit. The information on this form may be disclosed in confidence to other public bodies or organisations as appropriate for the purposes of making a decision on the application and for preventing or detecting fraud. Where this is necessary, we are required to comply with all aspects of Data Protection legislation.
* I declare that the information given on this form and in supporting documents provided is complete and accurate. I understand and accept that if I provide false or misleading information that my application and potential payment may be withdrawn, and I may be liable to prosecution and/or civil proceedings.

Signature:

Name:

Date: