# Application Form Ex-gratia Benefit - Extension of the Healthy Start Scheme

The Department of Health and Social Care has recently agreed to 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 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 and all the relevant supporting documents to demonstrate you meet all the eligibility criteria to:-** [**Healthystartclaim@dhsc.gov.uk**](mailto:Healthystartclaim@dhsc.gov.uk)

**Foods you can spend Healthy Start on**

Eligible families with children aged under four and over one will receive £4.25 every week, and families with children under one will receive £8.50 every week. Healthy Start can be used to buy, or be put towards the cost of, fresh, frozen or tinned fruit and vegetables, fresh, dried and tinned pulses, plain cow’s milk and infant formula. Healthy Start beneficiaries also receive free vitamins.

**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 Share Code:

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 Share Code:

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 Share Code:

Email:

Relationship to applicant:

**4b** – your carers partner

Title:

Surname:

Date of Birth:

First Name:

National Insurance Number (if applicable)

Home Office Share Code:

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**

**In order to process your application, please remember to send all the relevant supporting documents to demonstrate you meet all the eligibility criteria.** Please provide copies of:

Your Passport

Home Office Share Code

Proof of your address

Child (s) Birth certificate

Child (s) British Passport

Proof of your earned income from the previous month e.g. Bank Statements

Proof of that you have No Recourse to Public Funds

**Please tick the box where you have provided the relevant supporting documents.**

\*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 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: