

# Application form for Healthy Start vouchers

Fill in this application form clearly in black ink, in English and in CAPITAL letters

## 1 You: Please fill in the details of the person who is applying (this is you, if you are pregnant)

Title	<input type="text"/>	Surname	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Name	<input type="text"/>										National Insurance number	<input type="text"/>
Email	<input type="text"/>										<input type="text"/>	<input type="text"/>
Tick all the benefits you are getting:												
<input type="radio"/> Income Support <input type="radio"/> Income-related Employment and Support Allowance <input type="radio"/> Income-based Jobseeker's Allowance <input type="radio"/> Pension Credit												
<input type="radio"/> Child Tax Credit (with a family income of £16,190 or less per year) <input type="radio"/> Universal credit (with a family take home pay of £408 or less per month)												

## 2 Your address and telephone number: Please tell us where you live and your current telephone number

Line 1	<input type="text"/>																				
Line 1	<input type="text"/>																				
Town	<input type="text"/>										Country	<input type="text"/>									
Postcode	<input type="text"/>					<input type="text"/>					Telephone number	<input type="text"/>									

## 3 Your partner – if they live with you: This could be your husband, wife, boyfriend or girlfriend

Title	<input type="text"/>	Surname	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Name	<input type="text"/>										National Insurance number	<input type="text"/>
Relationship to applicant	<input type="text"/>										<input type="text"/>	<input type="text"/>
Tick all the benefits you are getting:												
<input type="radio"/> Income Support <input type="radio"/> Income-related Employment and Support Allowance <input type="radio"/> Income-based Jobseeker's Allowance <input type="radio"/> Pension Credit												
<input type="radio"/> Child Tax Credit (with a family income of £16,190 or less per year) <input type="radio"/> Universal credit (with a family take home pay of £408 or less per month)												

## 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

<b>4 a</b> Your carer												
Title	<input type="text"/>	Surname	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Name	<input type="text"/>										National Insurance number	<input type="text"/>
Relationship to applicant	<input type="text"/>										<input type="text"/>	<input type="text"/>

**4 b** Your carer's partner (if over 18 years old and living with you)

Title     Surname                Date of birth

First Name                    National Insurance number

Relationship to applicant

Tick all the benefits you are getting:

- Income Support  Income-related Employment and Support Allowance  Income-based Jobseeker's Allowance  
 Pension Credit  Child Tax Credit (with a family income of £16,190 or less per year)  
 Universal credit (with a family take home pay of £408 or less per month)

**4 c** Complete if you are 18 or 19 years old, in full-time education and pregnant

I am included in my carer's/carer's partner's claim for:

- Income Support  Income-related Employment and Support Allowance  Income-based Jobseeker's Allowance  
 Pension Credit  Child Tax Credit (with a family income of £16,190 or less per year)  
 Universal credit (with a family take home pay of £408 or less per month)

**5** Your children: Please give details of any children (under 4) you already have (continue on another of paper if necessary)

First Name                    Date of birth

Surname

First Name                    Date of birth

Surname

First Name                    Date of birth

Surname

**6** Are you pregnant?  Yes  No

Estimated date of delivery

**7** Please read this

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.

By signing:

- I understand that the information I have provided will be used to assess my application for Healthy Start and to issue Healthy Start vouchers.
- We will use this information to check your application and to support the effective and efficient delivery of the Healthy Start scheme. The information on this form may be disclosed in confidence to other public bodies as appropriate for the purposes of checking entitlement and preventing or detecting fraud.

I declare that the information given on this form and in any supporting documents provided is complete and accurate. I understand and accept that if I provide false or misleading information I may be withdrawn from the scheme and I may be liable to prosecution and / or civil proceedings.

Signature

Name

Date

From the 6 April 2020, we do not need a health professional signature