

## CAIS AM GINIO YSGOL AM DDIM

**DYLID CWBLHAU'R FFURFLEN HON GAN Y RHIANT/GWARCHODWR SY'N YMGEISIO AM GYMWYS AR HYN O BRYD (gweler y nodiadau ar ochr arall y dudalen)**

***(Rhaid llenwi'r adran hon)***

Cyfenw'r Enw Perthynas i'r  
Ymgeisydd ..... Bedydd ..... Disgybl(ion) .....

Rhif Yswiriant Gwladol/ Dyddiad Geni  
Rhif Cyfeirnod Cymorth Gwasanaeth Ceiswyr Lloches Gwladol ..... y rhiant/gwarcheidwad

Cyfeiriad .....

..... Ffôn .....  
Ai cais yw hwn am adnewyddu hawl i gael cinio am ddim? (rhowch dic yn y blwch) Ie   
Nage

***(Rhaid llenwi'r adran hon)***

Nodwch isod enwau etc., pob plentyn dibynnol sy'n mynychu **ysgol yn llawn amser**

| Enwau a Chyfenwau | Dyddiad Geni | Enw'r Ysgol | A yw pob plentyn yn byw gyda chi? YDY/NAC YDY |
|-------------------|--------------|-------------|---|
|                   |              |             |   |
|                   |              |             |   |
|                   |              |             |   |
|                   |              |             |   |
|                   |              |             |   |
|                   |              |             |   |
|                   |              |             |   |

**RHYBUDD - Mae'n drosedd i roi gwybodaeth ffug  
Os fydd fy amgylchiadau yn newid, fe wnafl gysylltu â'r adran yn syth**

**Sylwer na fydd eich cais yn cael ei brosesu oni bai eich bod yn llofnodi'r datganiad hwn ac yn rhoi'r dyddiad.**

Hysbysaf drwy hyn fod y wybodaeth ar y ffurflen hon, hyd y gwn i, yn gywir, ac rwyf yn deall y gellir erlyn unrhyw un sydd yn rhoi gwybodaeth ffug ar y ffurflen hon yn fwriadol, neu sy'n darparu dogfennau ffug er mwyn cadarnhau'r wybodaeth, ac y gallai hynny arwain at ddirwy a/neu garchar.

R'wyr caniatáu Cyngor Sir Caerfyrddin i wneud yr ymholiadau angenrheidiol i wireddu y gwybodaeth ar y ffurflen yma gyda Adrannau y Cyngor/Adrannau y Llywodraeth.

**Mr/Ms/Mrs/Miss**  
**LLOFNOD YR YMGEISYDD..... (Dilêr yn gymwys) DYDDIAD.....**

Os hoffech dderbyn fersiwn print mawr, fersiwn ar dâp, neu mewn Braille, yna cysylltwch a'r Is-Adran Busnes a Gwasanaethau Arbenigol ar 01267 246526 neu e.bost rheolicyfleusterau@sirgar.gov.uk

# Nodiadau Ar Lenwi

Er mwyn i ni allu ystyried eich cais cyn gynted ag y bo modd, a fyddech cystal â sicrhau eich bod hefyd yn anfon tystiolaeth ddogfennol o'ch hawl i dderbyn cymorth.

Cynigir cinio ysgol **AM DDIM** i blant pan fo'u rhieni/gwarcheidwad yn derbyn un o'r budd-daliadau canlynol:

1. Cymhorthdal Incwm
2. Lwfans Ceisio Gwaith - Seiliedig ar Incwm
3. Cymorth dan ran V1 o Ddeddf Mewnfydwyr a Cheiswyr Lloches 1999
4. Elfen Gwarant Credyd Pensiwn y Wladwriaeth
5. Credydau Treth i Blant **YN UNIG**, gydag incwm teuluol blynyddol (a aseswyd gan Gyllid Y Wlad) yn llai na £16,190 (6 Ebrill 2011)
6. Incwm Cyflogaeth Berthynol a Lwfans Chefnogaeth (IB)

**Byddwch cystal â sylwi os ydych chi'n derbyn CREDYDAU TRETH TEULUOEDD MEWN GWAITH yn ogystal ag unrhyw un o'r budd-daliadau hyn, NA FYDDWCH yn gymwys i gael prydau bwyd am ddim, hyd yn oed os yw'r incwm teuluol yn is na £16,190.**

## Mathau o dystiolaeth (un yn unig):

### **NI DDYLID DANFON Y DDOGFEN WREIDDIOL DRWY'R POST**

1. Llungopi o lythyr penderfyniad o'r swyddfa fudd-daliadau yn dangos eich hawl i dderbyn Cymhorthdal Incwm neu Lwfans Ceisio Gwaith -seiliedig ar incwm.
2. Lungopi cadarnhad gan Gyllid y Wlad ynghylch eich credyd treth/pensiwn credyd
3. Ffurflen gais ag arni stamp y swyddfa a dyddiad sy'n dangos pa fudd-dâl y cewch ei hawlio
4. Er mwyn cael cinio am ddim i'w plant rhaid i Geiswyr Lloches amgau llythyr IND neu gerdyn IND llythyr Gwasanaethau Cymdeithasol neu'r llythyr C.G.C.L.G

DYLID NODI FOD Y GWYBODAETH AR Y FFURFLEN YMA YN GWIR AR ADEG YR AETH I GAEL EI ARGRAFFU

**NODER:** Dylir dychwelyd y ffurflen gais i un o'r canlynol:

1. **Swyddfa Cinio Am Ddim**  
**Adeilad 2**  
**Parc Dewi Sant**  
**Heol Ffynnon Job**  
**CAERFYRDDIN**  
**SA31 3HB**

**Rhif ffôn:** 01267 246526 / 01267 246521  
**Ebost:** rheolicyfleusterau@sirgar.gov.uk

**Ffacs:** 01267 246529

### **NEU**

- |   |   |  |
|---|---|--|
| 2. Canolfan Gwasanaeth<br>Cwsmeriaid<br>Ty Elwyn<br>Sgwar Neuadd y Dref | 3. Canolfan Gwasanaeth<br>Cwsmeriaid<br>3 Heol Spilman<br>CAERFYRDDIN | 4. Canolfan Gwasanaeth<br>Cwsmeriaid<br>Neuadd y Dre<br>RHYDAMAN |
|---|---|--|

### **AT DDEFNYDD Y SWYDDFA YN UNIG**

Adnewyddu

Hawliau wedi'u eu archwilio ar y "BOTH"/SBT

Cais Cyntaf

Gwelwyd tystiolaeth ddogfennol o derbyn CI/LSG-SI/CTP/PC/ESA

Caniatawyd cinio am ddim

Do

Llofnod Swyddog AALI .....

Dyddiad .....



# APPLICATION FOR FREE SCHOOL MEALS

**THIS FORM SHOULD BE COMPLETED BY THE PARENT/GUARDIAN WHO CLAIMS THE QUALIFYING BENEFIT (see notes overleaf)**

***(This section must be completed)***

Surname of applicant ..... Christian Name ..... Relationship to Pupil(s) .....

National Insurance Number/ ..... Date of Birth .....  
National Asylum Support Service Ref Number ..... of parent/guardian .....

Address .....

..... Phone .....

Is this an application for renewal of free school meals? (please tick box) Yes   
No

***(This section must be completed)***

Indicate below the names, etc. of each dependant child who is in **full time attendance** at school

| Names & Surnames | Date of Birth | Name of School | Is each child living with you? YES/NO |
|------------------|---------------|----------------|---------------------------------------|
|                  |               |                |                                       |
|                  |               |                |                                       |
|                  |               |                |                                       |
|                  |               |                |                                       |
|                  |               |                |                                       |
|                  |               |                |                                       |
|                  |               |                |                                       |

**WARNING - It is an offence to give false information  
If my circumstances change I will inform the Department immediately**

**Please note that your application will not be processed unless you sign and date this declaration.**

I hereby certify that the information given on this form is, to the best of my knowledge and belief, correct, I understand that any person knowingly giving any false information on this form, or providing any false documentation in support of it, may be liable to prosecution, which could result in a fine and/or imprisonment.

I authorise Carmarthenshire County Council to make any necessary enquiries to verify the information on this form with Council Departments/Government Departments.

**Mr/Ms/Mrs/Miss**

**SIGNATURE OF APPLICANT**..... *(Delete as applicable)* **DATE**.....

If you require this information in large print, audiotape or Braille, please contact the Business & Specialist Services Division on 01267 246526 or e.mail [facilitiesmanagement@carmarthenshire.gov.uk](mailto:facilitiesmanagement@carmarthenshire.gov.uk)

# Notes on Completion

In order that your application may be finalised with the minimum of delay, please ensure that it is accompanied by recent documentary evidence of your entitlement.

Free school meals are **ONLY** available to children whose parents/guardian receive one of the following benefits:

1. Income support (IS)
2. Job seekers allowance - Income Based (JSA-IB)
3. Support under part V1 of the Immigration and Asylum Act 1999
4. Guaranteed element of State Pension Credit
5. Child Tax Credit **ONLY**, with an annual household income (as assessed by the Inland Revenue) does not exceed £16,190 (6 April 2011)
6. Income-related Employment and Support Allowance (IR)

**Please note that if you are in receipt of WORKING TAX CREDIT in addition to any of these benefits you WILL NOT be eligible for free meals, even if the household income is below £16,190.**

**The types of proof we need are listed below (one only):**

**DO NOT SEND ORIGINAL DOCUMENTS BY POST**

1. A photocopy of the decision letter from the benefits office showing your entitlement to Income Support or Job Seekers Allowance - Income Based
2. A photocopy of your Inland revenue Tax Credit Award/Pension Credit
3. Your application form stamped and dated by the benefits office indicating which benefit you are entitled to
4. The proof needed for Asylum Seekers to receive free school meals for their children is their IND letter or IND card, Social Services letter or their N.A.S.S. letter

PLEASE NOTE THAT THE INFORMATION ON THIS FORM IS CORRECT AT TIME OF GOING TO PRESS

**NOTE: Please return your application form to one of the following:**

1. **Free School Meals Section**  
**Building 2**  
**St David's Park**  
**Jobs Well Road**  
**CARMARTHEN**  
**SA31 3HB**

Telephone: 01267 246526 / 01267 246521

Fax: 01267 246529

Email: [facilitiesmanagement@carmarthenshire.gov.uk](mailto:facilitiesmanagement@carmarthenshire.gov.uk)

**OR**

- |  |  |  |
|--|--|--|
| 2. Customer Service Centre<br>Ty Elwyn<br>Town Hall Square<br>LLANELLI | 3. Customer Service Centre<br>3 Spilman Street<br>CARMARTHEN | 4. Customer Service Centre<br>Town Hall<br>AMMANFORD |
|--|--|--|

## **FOR OFFICE USE ONLY**

Renewal

Entitlement checked on HUB/HBS

First application

Documentary evidence of receipt of IS/JSA-IB/CTC/PC/ESA

Free Meals granted: Yes

Signature of LEA Officer .....

Date .....