

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

PART A

Title				Surname													Date of birth	D	D	M	M	Y	Y	Y	Y
First name																	National Insurance number								
Email																									

Tick all the benefits you are getting:

☐ Income Support
 ☐ Income-related Employment and Support Allowance
 ☐ Income-based Jobseeker's Allowance
☐ 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)

[illegible]

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"/>	<input type="text"/>	<input type="text"/>						
First name	<input type="text"/>											National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to applicant	<input type="text"/>																		
Tick all the benefits he or she is getting: <input type="checkbox"/> Income Support <input type="checkbox"/> Income-related Employment and Support Allowance <input type="checkbox"/> Income-based Jobseeker's Allowance <input type="checkbox"/> Child Tax Credit (with a family income of £16,190 or less per year) <input type="checkbox"/> Universal Credit (with a family take home pay of £408 or less per month)																			

[illegible][illegible]

☐ Income Support ☐ Income-related Employment and Support Allowance ☐ Income-based Jobseeker's Allowance

☐ 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)

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
☐ 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 sheet of paper if necessary)

First name	<input type="text"/>	Date of birth	<input type="text"/>
Surname	<input type="text"/>		
First name	<input type="text"/>	Date of birth	<input type="text"/>
Surname	<input type="text"/>		
First name	<input type="text"/>	Date of birth	<input type="text"/>
Surname	<input type="text"/>		

6 Are you pregnant? ☐ Yes ☐ No

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 declare that the information I have provided in this application form is correct and complete.
- I have read and understood the dos and don'ts of Healthy Start (described on page 9 of the Healthy Start leaflet).
- I agree to following these rules during any period I receive Healthy Start vouchers for myself or my family.
- I agree that the UK Health Departments can share information about me with other organisations to check that the information I have given is correct and to stop false claims (as described on page 9 under the heading 'Data protection').

I understand that if I knowingly claim support from Healthy Start that I am not entitled to, this support may be stopped and I will be liable to reimburse the UK Health Departments the value of any vouchers and vitamin coupons I have received and used.

Signature

Name

Date

Now ask your health professional (usually your midwife or health visitor) to complete the statement below. You do not need to pay anything to have your form signed.

Part B: Health professional's statement

I certify that

(name of applicant)

date of birth (of applicant)

☐ has consulted me about her pregnancy

The expected date of delivery is

(please fill in full date).

AND/OR

☐ I certify that the information (s)he has given in Part A, question 5 about his/her children is, to the best of my knowledge, correct.

AND

☐ I confirm that I have given him/her health-related advice.

This form can be countersigned by any registered midwife, nurse or medical practitioner

Health professional's signature

Health professional's name

Date of signing

Surgery stamp or work address

Surgery postcode

GMC no./NMC pin (optional)

Applications for Healthy Start vouchers will not be accepted without a signature (or letter) from your health professional.