

Application form for Healthy Start vouchers

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

V3

PART A

1 You: Please fill in the details of the person who is applying

Title: Mr	Date of birth: 09/01/1984
Surname: Long	National Insurance number: JN221489B
First Name: Anthony	
Tick all the benefits you are getting:	
<input type="checkbox"/> Income Support	<input type="checkbox"/> Income related Employment and Support Allowance
<input checked="" type="checkbox"/> Child Tax Credit (with a family income below £16,190)	<input checked="" type="checkbox"/> Working Tax Credit*
<input type="checkbox"/> Income-based Jobseeker's Allowance	<input type="checkbox"/> None of these benefits

2 Your address: Please tell us where you live

Line 1: 24 Hargreaves Street	
Line 2: Marshside	
Town: Southport	County: Merseyside
Postcode: PR9 9PL	Telephone number: 07802707241

3 Your partner – if they live with you: This could be your husband, boyfriend etc

Title:	Date of birth:
Surname:	National Insurance number:
First Name:	
Relationship to applicant:	
Tick all the benefits you are getting:	
<input type="checkbox"/> Income Support	<input type="checkbox"/> Income related Employment and Support Allowance
<input type="checkbox"/> Child Tax Credit (with a family income below £16,190)	<input type="checkbox"/> Working Tax Credit*
<input type="checkbox"/> Income-based Jobseeker's Allowance	<input type="checkbox"/> None of these benefits

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

4 a Your carer	
Title:	Date of birth:
Surname:	National Insurance number:
First Name:	
Relationship to applicant:	
4 b Your carer's partner (if over 18 years old and living with you)	
Title:	Date of birth:
Surname:	National Insurance number:
First Name:	
Relationship to applicant:	
Tick all the benefits that your carer and your carer's partner are getting (even if you are applying because you are pregnant and under 18, as it will help us see if you may be able to get vouchers after your baby is born):	
<input type="checkbox"/> Income Support	<input type="checkbox"/> Income related Employment and Support Allowance
<input type="checkbox"/> Child Tax Credit (with a family income below £16,190)	<input type="checkbox"/> Working Tax Credit*
<input type="checkbox"/> Income-based Jobseeker's Allowance	<input type="checkbox"/> None of these benefits
4 c Complete if you are 18 or 19 years old, in full-time education and pregnant	
I am included in my carer's/carers partners claim for:	
<input type="checkbox"/> Income Support	<input type="checkbox"/> Income related Employment and Support Allowance
<input type="checkbox"/> Child Tax Credit (with a family income below £16,190)	<input type="checkbox"/> Working Tax Credit*
<input type="checkbox"/> Income-based Jobseeker's Allowance	<input type="checkbox"/> None of these benefits

*If you or your family receive Working Tax Credit, you do not qualify for Healthy Start unless pregnant and under 18. But do not tick this box if your family is getting Working Tax Credit run-on only. See 'Do I qualify?'

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

Name: Esme Ava Long

Date of birth: 19/11/2012

Name:

Date of birth:

Name:

Date of birth:

6 Are you pregnant? ☐ Yes ☐ No

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.

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 follow 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').

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 A

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.

PART B

