1 You: Please fill in the details of the person who is applying (this is you, if you are pregnant) Title Surname Prixt Name Date of birth Image: Surname National Insurance number First Name Image: Surname Image: Surname Image: Surname Image: Surname Image: Surname 1 Image: Surname 2 Your address and telephone number: Please tell us where you live and your current telephone number Line 1 Image: Surname 1 Image: Surname 2 Your partner – if they live with you: This could be your husband, wife, boyfriend or girlfriend Title Surname 1 Image: Surname 1 Surname													vouchers d in CAPITAL letters
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4 Your carer's partner (if over 18 years old and living with you)										
Surname Date of birth D D M Y Y Y										
First Name National Insurance number										
Relationship to applicant										
Tick all the benefits you are getting:										
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O Pension Credit O Child Tax Credit (with a family income of £16,190 or less per year)										
O 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:										
\bigcirc Income Support \bigcirc Income-related Employment and Support Allowance \bigcirc Income-based Jobseeker's Allowance										
O Pension Credit O Child Tax Credit (with a family income of £16,190 or less per year)										
O 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	D D M M Y Y Y
Surname		
First Name	Date of birth	D D M M Y Y Y
Surname		
First Name	Date of birth	D D M M Y Y Y
Surname		

6 Are you pregnant? Ores ONo

Estimated date of delivery

M M Y Y Y

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.

Signature												
Name												
Date	D	D	М	М	Y	Y	Υ	Y				

I declare that the information given on this form and in any

supporting documents provided is complete and accurate.

liable to prosecution and / or civil proceedings.

I understand and accept that if I provide false or misleading information I may be withdrawn from the scheme and I may be

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