

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 _____ Surname _____ Date of birth

D	D	M	M	Y	Y	Y	Y
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First name _____ National Insurance number

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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 below £16,190) Working Tax Credit* None of these benefits

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

Line 1 _____

Line 2 _____

Town _____ County _____

Postcode

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 Telephone number _____

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

Title _____ Surname _____ Date of birth

D	D	M	M	Y	Y	Y	Y
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First name _____ National Insurance number

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Relationship to applicant _____

Tick all the benefits he or she is getting:

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

Child Tax Credit (with a family income below £16,190) Working Tax Credit* 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 _____ Surname _____ Date of birth

D	D	M	M	Y	Y	Y	Y
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First name _____ National Insurance number

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Relationship to applicant _____

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

Title _____ Surname _____ Date of birth

D	D	M	M	Y	Y	Y	Y
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First name _____ National Insurance number

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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):

- Income Support Income-related Employment and Support Allowance Income-based Jobseeker's Allowance
- Child Tax Credit (with a family income below £16,190) Working Tax Credit* 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 partner's claim for:

- Income Support Income-related Employment and Support Allowance Income-based Jobseeker's Allowance
- Child Tax Credit (with a family income below £16,190) Working Tax Credit* None of these benefits

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

Please turn over HS01_V4

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

Name _____	Date of birth _____
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').

- ▶ 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)

D	D	M	M	Y	Y	Y	Y
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- has consulted me about her pregnancy

The expected date of delivery is

D	D	M	M	Y	Y	Y	Y
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(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

D	D	M	M	Y	Y	Y	Y
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Surgery stamp or work address

Surgery postcode

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GMC no./NMC pin (optional)

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