

# Application form for Healthy Start vouchers

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

V3

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

Title _____ Surname _____	Date of birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
First name _____	National Insurance number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Tick all the benefits you are getting:										
<input type="radio"/> Income Support	<input type="radio"/> Income-related Employment and Support Allowance	<input type="radio"/> Income-based Jobseeker's Allowance								
<input type="radio"/> Child Tax Credit (with a family income below £16,190)	<input type="radio"/> Working Tax Credit*	<input type="radio"/> None of these benefits								

## 2 Your address: Please tell us where you live

Line 1 _____										
Line 2 _____										
Town _____ County _____										
Postcode <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> Telephone number _____										

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

Title _____ Surname _____	Date of birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
First name _____	National Insurance number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Relationship to applicant _____										
Tick all the benefits he or she is getting:										
<input type="radio"/> Income Support	<input type="radio"/> Income-related Employment and Support Allowance	<input type="radio"/> Income-based Jobseeker's Allowance								
<input type="radio"/> Child Tax Credit (with a family income below £16,190)	<input type="radio"/> Working Tax Credit*	<input type="radio"/> 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

<b>4 a</b> Your carer										
Title _____ Surname _____	Date of birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
First name _____	National Insurance number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Relationship to applicant _____										

<b>4 b</b> Your carer's partner (if over 18 years old and living with you)										
Title _____ Surname _____	Date of birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
First name _____	National Insurance number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
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="radio"/> Income Support	<input type="radio"/> Income-related Employment and Support Allowance	<input type="radio"/> Income-based Jobseeker's Allowance
<input type="radio"/> Child Tax Credit (with a family income below £16,190)	<input type="radio"/> Working Tax Credit*	<input type="radio"/> 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:

<input type="radio"/> Income Support	<input type="radio"/> Income-related Employment and Support Allowance	<input type="radio"/> Income-based Jobseeker's Allowance
<input type="radio"/> Child Tax Credit (with a family income below £16,190)	<input type="radio"/> Working Tax Credit*	<input type="radio"/> 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?'

Please turn over HS01\_V3

- 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').

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
---	---	---	---	---	---	---	---

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.