



Request for confirmation of food vouchers entitlement for cost-of-living crisis eligibility.

Client Name:	
National Insurance number:	
Email and Phone Number:	
Address including post code:	

Name of Benefits in payment:			
Universal Credit	YES	NO	
Working Tax Credit	YES	NO	
Child Tax Credit	YES	NO	
Maternity Allowance	YES	NO	
Jobseeker's allowance	YES	NO	
Guardian's allowance	YES	NO	
Income support	YES	NO	
Employment and support allowance	YES	NO	
Main Applicant	Age:		Voucher Value: £ 40
Child 1	Age:		Voucher Value: £ 25
Child 2	Age:		Voucher Value: £ 25
Child 3	Age:		Voucher Value: £ 25
Number of ppl supported		Total Vouchers Value	

INSTRUCTIONS

To apply for HSTAR Food Vouchers programs, please complete this application, sign your name and return the application to the charity office by email traumarecovery@hstar-scotland.org or post: HSTAR Scotland, 36-40 Cowane Street, Stirling, FK8 1JR

ELIGIBILITY FOR FINANCIAL ASSISTANCE One of three options must apply

1. If you are receiving low income or disability benefits
2. If you are an unemployed parent
3. If you are a single parent

Client Declaration:

I certify that all information on this application is true.

I understand that HSTAR Scotland reserves the right to ask for written proof to verify application information.

I understand that I will be financially responsible for the full amount of any vouchers received if it is subsequently determined that I do not meet the eligibility guidelines.

I understand that food vouchers must be spent for grocery and household items, and I have no right to resell them to third party at any point.

Name: _____

Signature: _____

Date: _____

Office Use:

Application Date	
Eligibility Check Date	
Vouchers Serial Number	
Total Value	
HSTAR Officer Name	
Comments	