

**GLUTEN-FREE FOOD SUPPLY
PATIENT'S MONTHLY ORDER FORM**

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Gluten Free Supply Eligibility Declaration

Scheme.

This must be completed each time a supply is made.

The patient is eligible to receive Gluten Free Breads and mixes free of charge because they:

- A are under 16 years of age
 - B are 16, 17 or 18 and in full time education
- You're also entitled to use this service if you or your partner (including civil partner) receive, or you're under the age of 20 and the dependant of someone receiving:**
- C Income Support
 - D income-based Jobseeker's Allowance
 - E income-related Employment and Support Allowance
 - F Pension Credit Guarantee Credit
 - G Universal Credit and meet the criteria
- If you're entitled to or named on**
- H a valid NHS tax credit exemption certificate
 - I a valid NHS certificate for full help with health costs (HC2)

Note to Pharmacy - you must indicate which exemption applies on Page 1 of this form

Declaration: I declare that the information I have given on this form is correct and complete. I understand that if not, appropriate action may be taken. I confirm proper entitlement to eligibility. To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the Prescription Pricing Authority, the NHS Counter fraud and security Management service, The Department for Work and Pensions and Local Authorities.

Name:

Address:

Sign _____ Date ____/____/____

I am the Patient the Patient's representative