Ohio | Department of Education

Sample Letter for Use with Family Income Form When No Meals Are Served

FAMILY INCOME FORM FOR NONPUBLIC SCHOOLS

Dear Parent or Guardian:

Why should you complete the family income form if your child does not eat school meals?

The amount of federal funds your school building receives depends on the return of this completed form. These funds pay for additional educational services for students who are failing or at risk of failing to meet the same high standards as everyone else in the school.

These federal funds for additional educational services are known as Title I funds. Our district provides additional tutoring in reading and mathematics. The Title I law requires that funds be given to schools based on the number of children from low-income families who live in the public school building attendance area.

While the amount of money each school receives depends on the number of children from low-income families, the tutoring services are based on the academic need of the students, regardless of income level.

What happens if you fill out this form?

- Your name will not be given out. Your name and your child's name are NOT required on the form.
- Your school building may be able to get more money.
- That money may be used to provide additional intervention services to eligible students and buy materials.
- Your child or other children may get extra help with reading and mathematics.

So, please fill out this form and return it to:

SAMPLE

Title I Family Income Form—School Year 2015-2016

To the Parent/Guardian: In order to determine if the school your child attends will receive federal *No Child Left Behind* Act Title I funds for reading and/or mathematics or other services, specific income information is needed from you. Please complete this form and return it to your child's school. One form should be completed for each family. Thank you for your cooperation.

Student Information: Please print the information below. Please note, name is NOT required, but the other information is required.

Name of Student (Not Required)	Grade (Required)	Name of School of Attendance (Required)	For Nonpublic Students Only: Name of Public District and School of Residence

Circle if Child is: Foster Child Ward of Court Welfare Recipient Food Stamp Recipient

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Calculating Household Income: In order to determine if the school your child attends will receive Title I funds, you will have to calculate the total amount of income in your household. Include all income for all household members (include yourself, all children in the home, your spouse, grandparents, and all other related and unrelated members in your household). See the list below of the types of income to report:

Earnings from Work
- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-owned business or farm

Pensions/Retirement/Social Security
- Pensions
- Supplemental security income
- Retirement income
- Social Security

Public Assistance/Child Support/Alimony
- Public assistance (welfare) payments
- Alimony/child support payments

Other Income
- Disability benefits
- Cash withdrawn from saving
- Interest dividends
- Income from estates/trusts/investments
- Regular contributions from person not living in the household
- Net royalties/annuities/net rental income
- Any other income

United States Department of Agriculture (USDA)
INCOME ELIGIBILITY GUIDELINES
Effective July 1, 2015 through June 30, 2016

Household Income: In column 1 below, enter the total number of people living in the household, whether they receive income or not. In column 2, enter the total amount of income of all those household members. The income can be the amount received per year, per month or per week, but should be the total before taxes or anything else is taken out.

Households with total incomes less than or equal to the values below are eligible for free or reduced -price meals.

Column 1	**Column 2**	**HOUSEHOLD SIZE**	****Please Circle Free or Reduced below**									
			FREE					**REDUCED**				
Total no. of people living in the household:	Total household income and frequency:	Circle Number of Members Below	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
_____	$ _____	1	$15,301	$1,276	$638	$589	$295	$21,775	$1,815	$908	$838	$419
	☐ Annual	2	20,709	1,726	863	797	399	29,471	2,456	1,228	1,134	567
	☐ Monthly Twice per month	3	26,117	2,177	1,089	1,005	503	37,167	3,098	1,549	1,430	715
	☐ Every two weeks	4	31,525	2,628	1,314	1,213	607	44,863	3,739	1,870	1,726	863
	☐ Weekly	5	36,933	3,078	1,539	1,421	711	52,559	4,380	2,190	2,022	1,011
		6	42,341	3,529	1,765	1,629	815	60,255	5,022	2,511	2,318	1,159
		7	47,749	3,980	1,990	1,837	919	67,951	5,663	2,832	2,614	1,307
		8	53,157	4,430	2,215	2,045	1,023	75,647	6,304	3,152	2,910	1,455
		Each Additional Member Add	+5,408	+451	+226	+208	+104	+7,696	+642	+321	+296	+148

INCOME CONVERSION:

Weekly Income	**x 52**	**= Annual income**
Every 2 Weeks Income (Every other week, Bi-weekly)	**x 26**	**= Annual income**
Twice a Month Income (Bi-monthly)	**x 24**	**= Annual income**

THIS CHART IS TO BE USED BY INSTITUTIONS, SCHOOLS, CENTERS AND SPONSORING ORGANIZATIONS TO APPROVE AND CATEGORIZE COMPLETE APPLICATIONS FOR FREE AND REDUCED-PRICED MEALS.

Required Parent/Guardian Information
Address: _____
City/State/Zip: _____

Date: _____

FOR SCHOOL USE ONLY
Signature of School District:
X_____

Within guidelines: Yes No