FAMILY INCOME FORM

Dear Parent or Guardian:

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

Title I is a federal entitlement grant that provides additional educational services for students who are failing or at risk of failing to meet the state's academic content standards. Title I requires that services be provided to schools based on the number of children from low-income families who live in Title I served public school building attendance areas.

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. Returning this form ensures we have the most accurate income data for our families.

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:

25 South Front Street
Columbus, Ohio 43215 U.S.A.
education.ohio.gov

877 | 644 6338
For people who are deaf or hard of hearing, please call Relay Ohio first at 711.

The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services

Title I Family Income Form—School Year 2026-27

To the Parent/Guardian: In order to determine if the school your child attends will receive federal *Elementary and Secondary Education 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)	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
Circle if Child is: Foster Child	Ward of Court	Welfare Recipient	Food Stamp Recipient
Circle if Child is: Foster Child	Ward of Court	Welfare Recipient	Food Stamp Recipient
Circle if Child is: Foster Child	Ward of Court	Welfare Recipient	Food Stamp Recipient
Circle if Child is: Foster Child	Ward of Court	Welfare Recipient	Food Stamp Recipient

Calculating Household Income: 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). For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. 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

Please list ANNUAL Income Amounts

Name of Adult Household Member	Earnings from Work	Public Assistance, Child Support, Alimony	Pension, Retirement, Social Security, SSI, VA Benefits, Other
Totals			

Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received [ ] by ALL children in the household.

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.

Total Number of Household Members	**Total Household Income**

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

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

Date: _____

FOR SCHOOL USE ONLY
Signature of School District:
X_____

Within guidelines: Yes No

Federal Income Eligibility Guidelines
For the United States Department of Agriculture (USDA)
Child Nutrition Program
(Effective July 1, 2026 to June 30, 2027)

The income guidelines below are from the USDA annual adjustments to the Income Eligibility Guidelines to be used in determine eligibility for free and reduced-priced meals and free milk. These guidelines are used by schools, institutions, and facilities participating in the National School Lunch Program (NSLP), School Breakfast Program (SBP), Special Milk Program (SMP), Child and Adult Care Food Program (CACFP), and the Summer Food Service Program (SFSP) for the time period listed above.

Income Guidelines for Child Nutrition Programs: July 1, 2026, to June 30, 2027

Household size	Reduced Price Meals—185%					Free meals—130%				
	Annual	Monthly	Twice per month	Every two weeks	Weekly	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	29,526	2,461	1,136	1,136	568	20,748	1,729	865	798	399
2	40,034	3,337	1,669	1,540	770	28,132	2,345	1,173	1,082	541
3	50,542	4,212	2,106	1,944	972	35,516	2,960	1,480	1,366	683
4	61,050	5,088	2,544	2,349	1,175	42,900	3,575	1,788	1,650	825
5	71,558	5,964	2,982	2,753	1,377	50,284	4,191	2,096	1,934	967
6	82,066	6,839	3,420	3,157	1,579	59,668	4,860	2,403	2,218	1,109
7	92,574	7,715	3,858	3,561	1,781	65,052	5,421	2,711	2,502	1,251
8	103,082	8,591	4,296	3,965	1,983	72,436	6,037	3,019	2,786	1,393
For each additional family member, add	10,508	876	438	405	206	7384	616	308	284	142

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.

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Department of Education & Workforce

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