

Title I Student/Family Income Form (2026-2027)

To determine if a school will receive Federal Title I funds for reading, mathematics, and/or other services, specific income information is required. This form will help you calculate information needed by TRECA to determine our eligibility for funding. Please complete and return to your child's school immediately. This is not to determine a student's eligibility for free or reduced meals, as TRECA does not offer meals. The information helps to identify the amount of funding we receive for additional educational services, as well as discounts on the technology we provide. When completing, please consider any income received by all members of the household– including you, your spouse, grandparents, and anyone else living in the home (excluding foster children).

Please fill out this form completely and accurately; thank you for your cooperation!

State Benefits Information

If any member of the household is part of the *Supplemental Nutrition Assistance Program* (SNAP, formerly "food stamps") or receives *Ohio Works First* benefits, please provide the information below.

Benefits Recipient's Name: _____ Case Number: _____

Section 1: Family Size

*Total number of individuals living in your household, including adults and children: _____

Section 2: Student Information

Complete for each student Pre-K through grade 12.

Please enter any TRECA Digital Academy students *first*.

After any TRECA Digital Academy students, add students enrolled elsewhere.

*
H - Homeless
M - Migrant
R - Runaway
F - Foster
W - Ward of
the Court

	*Last Name	*First Name	*Grade	*Date of Birth	*School District	Living Scenario *
1						
2						
3						
4						
5						
6						
7						
8						

Section 3: Public Assistance Information

Yes/No

*Is your family eligible for Supplemental Nutrition Assistance Program (SNAP or "food stamps")? _____

*Is your family eligible for medical assistance under Medicaid? _____

*Does your family receive Temporary Assistance for Needy Families (TANF)? _____

*Does your family receive Supplemental Security Income (SSI)? _____

*Does your family receive housing assistance? (Section 8)? _____

*Does your family receive home energy assistance (LHEAP)? _____

Section 4: Monthly Income

Income is defined as the earnings brought in by any members of the household including yourself, your spouse, grandparents, all children in the home, and all others related or unrelated who live with the student(s). Report income for all members of household excluding foster children. Below is a list of the types of income to report:

- Wages/Salary/Tips
- Strike Benefits
- Unemployment Compensation
- Workers Compensation
- Income from self-owned business
- Income from a farm
- Pensions
- Supplemental Security Income
- Retirement Income
- Social Security
- Public Assistance (welfare) payments
- Alimony/child support payments
- Disability Benefits
- Cash withdrawn from savings
- Interest dividends
- Income from estates/trusts
- Income from investments
- Net royalties/annuities/rental income

Use the chart below to calculate your household's monthly income.

Income Type		Approximate Amount Earned Monthly Enter "0" if none.
1	Wages, Salary, and/or Commissions	\$
2	Welfare Payments, Child Support, and/or Alimony	\$
3	Payments from Pensions, Retirement, and/or Social Security	\$
4	Dividends and/or Interest on Savings	\$
5	Workers Compensation, Unemployment, and/or Strike Benefits	\$
6	Other Monthly Income (SSI, VA, Disability, Farm, other)	\$
*Total Monthly Income (Add Lines 1-6)		

Not sure of how much income is earned monthly? Use the equations below to help you calculate.

weekly income $\times 4.3 =$ monthly income

twice per month income $\times 2.0 =$ monthly income

bi-weekly income $\times 2.1 =$ monthly income

annual income $\div 12 =$ monthly income

Section 5: Signature

I certify (promise) that all the information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

*Parent / Guardian: _____ *Signature: _____ *Date: _____

*Do you possess a valid social security number? _____ If yes, please provide last four digits: XXX-XX- _____

*Address: _____ *City, State: _____ *Zip: _____

*Home Phone: _____ Work Phone: _____ *Email: _____