ab at the of the	page.				
DISTRICT S	CHOOLS	ENROLLMENT	SKYWARD	DEPARTMENTS	E
	NA-I	<b>NEE</b> y Schools		1300 North Main Street Nappanee, IN 46550 Phone: 574-773-3131 Fax: 574-773-5593	
	Wa-N	S K Y W A	<b>RD°</b> nity Schools		
	Login ID Password	2			
			-	-	
		Forgot y	our Login/Passw	ord?	

**STEP 2** – Enlarge your screen and then choose Food Service (7<sup>th</sup> blue box on left-hand side of page). If you have more than on child in our district choose one of them in the drop down at the top of the page. If you only have one child in our district their name will appear.

Home	You have unread messages Upcoming Events Cale
Online Registration	Post a message Today, Mon Sep 23, 2019
Calendar	
Gradebook	Mon Sep 16 2019 2:57mm
Attendance	Parent Teacher Conferences
Student Info	We are off to a good start in the start of the duration of start for a good start in the start of start for a fore
Food Service	however due to
Schedule	happen to miss you please sign the sheet and indicate if you'd like to set up a time to meet.
Discipline	Thank you,
Test Scores	Reply

SKYWARD'	Family Access			My Account	Contact Us
Home	Food Service		Applications	Weekly Purchases For: Mo	on Sep 23, 2019
	Current Account Balance	Today's Lunch Menu	Lunch Calendar		
Online Registration	Lunch Type:	No lunch menu details are availa	able for the current date.	Previous Week Next W	
Calendar	Eulen Type.			),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Gradebook		View Totals   Make a Payment		Set Purchase Limit	
oradobook	Payment Date	Payment	Check #	Week To	otal: \$0.00
Attendance	Thu Aug 8, 2019			Key Pad Num	ber:
Student Info				Item	Price
Food Service				Sun Sep 22, 20	019
FOOD SELVICE				421 14 15 244 145	

**STEP 3** – Click on the word Application on the upper right-hand side.

STEP 4-A pop up box will appear – click on Add Application.

Current Account Balance Lunch Type: Payment Date	Today's Lunch Mer No lunch menu deta View Totals   Make	ils are available	Lunch Calend	lar	Previous	Week	Next Week
Lunch Type:	No lunch menu deta View Totals   Make	ils are available : a Payment	for the current dat	ie.	Previous	Week	Next Week
Payment Date	View Totals   Make	a Payment					
Payment Date	View Totals   Make	a Payment			Set Purchas	se Limit	
Payment Date		a r aymon	011-#		Jerr uronu.	Week Tota	I: \$0.00
Thu Aug 8, 2019	Payment		Check #			Key Pad Number	r:
1110 Aug 0, 2010					tem		Price
e Applications							*
Application Add Application	Print Application						
No pending application was found.							
))							
plication Application Date	Effective Date	Dependents	Lunch Code	Denied?	Active?	Application Nbr	
	e Applications Application Add Application ( ng application was found. 0) pplication Application Date	e Applications Application Add Application   Print Application ng application was found. D) pplication Application Date Effective Date	e Applications Application Add Application   Print Application ng application was found.  plication Application Date Effective Date Dependents	e Applications Application Add Application   Print Application ng application was found.  plication Application Date Effective Date Dependents Lunch Code	e Applications Application Add Application   Print Application ng application was found.  plication Application Date Effective Date Dependents Lunch Code Denied?	e Applications Application Add Application   Print Application ng application was found.  plication Application Date Effective Date Dependents Lunch Code Denied? Active?	e Applications Application   Print Application ng application was found.  piplication Date Effective Date Dependents Lunch Code Denied? Active? Application Nbr

STEP 5 – You will now be able to begin the process of completing the Food Service application for the 2020-2021 school year. You must complete each of the "Steps" listed on the left-hand side. After completing and reviewing each of the steps on this screen (Online Application Step 1 thru Step 5 and Optional) you will be able to continue to next screen by clicking the "Next" button at the top of the screen. Helpful Hint: Do not use a cell phone to complete the online application we have found that parents who have tried to do this have not been successful.
Enlarge each of the pop-up screens in Skyward for easier navigation. We have been told by parents that they have had trouble seeing the "Next" or "Review & Submit" buttons if their screen hasn't been enlarged.

**Wa-Nee Community Schools** 

Steps	2019-2020 Application for Free and Reduced Price School Meals
→ Letter to Parents	Letter to Parents
Instructions for Applying	
Federal Income Chart	
Use of Information	
Statement	Dear Parent/Guardian:
Non-discrimination Statement	Children need healthy meals to learn. Wa-Nee Community Schools offers healthy meals every school day. Breakfast costs \$1.50; lunch costs \$2.55 (High School reduced price meals. Reduced price is Reduced Breakfast [\$.30] for breakfast and Reduced Lunch [\$.40] for lunch. This packet includes an application for fre
Application	instructions. Below are some common questions and answers to help you with the application process.
• Step 1: Child Names	<ol> <li>WHO CAN GET FREE OR REDUCED PRICE MEALS?</li> <li>All children in households receiving benefits from SNAP (Food Stamps) or TANF are eligible for free meals.</li> </ol>
Benefits	<ul> <li>Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.</li> </ul>
• Step 3:	<ul> <li>Children participating in their school's Head Start program are eligible for free meals.</li> </ul>
Gross Income	<ul> <li>Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.</li> </ul>
Signature • Step 5:	<ul> <li>Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your c household income falls at or below the limits on this chart.</li> </ul>
Other Benefits	FEDERAL INCOME CHART
<ul> <li>Optional: Dacial and Ethnic</li> </ul>	For School Year 2019-20
Identities	Household Size Yearly Monthly Weekly
Review and Submit	1 23,107 1,926 445
	2 24 204 2 607 602

There is a <u>check box in the **Instructions for Applying** that must checked to continue completing the application. You will find that the Free and Reduced-Price Lunch Application looks very similar to the old "paper pencil" application the only difference is it is now electronic.</u>

Steps	2019-2020 Application for Free and Reduced Price School Meals
Letter to Parents	<b>Instructions for Applying.</b> Please select the option below after reviewing all information. Questions can be directed to contact information supplied in the Letter to Parents.
Instructions for Applying	I have read the Instructions for Applying and would like to continue the application
Federal Income Chart	
11 67 6 12	-

## Wa-Nee Community Schools

Please do not forget to include the last four digits of your Social Security Number (SSN) in Step 3 of the application or check the box if no SSN. An application submitted without a social security number cannot be approved and will be denied pending the receipt of this information. After you have completed **STEP 3 GROSS INCOME** listing any Child Income, and all Adult Household Members and their **gross income and how often it is received (income from unemployment is considered household income)** you are ready to sign the application (Step 4) by including name, address, and electronically signing. To electronically sign you simply click on the blue Click to Sign. A pop-up message will appear that you will need to read and click on the appropriate choice.

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nity Schools	
2019-2020 Application for Free and Reduced Price School Meals	Pre <u>v</u> ious <u>N</u> ext <u>Print</u> <u>B</u> ack
Step 4 - Contact Information and Adult Signature	
I certify (promise) that all information on this application is true and that all inco	me is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school
officials may verify (check) the information. I am aware that if I purposely give f	alse information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.
Street Address/Apt #	Daytime Phone (optional): Ext:
(il available).	State Zin Code
* Printed name of adult	* Signature of adult
completing the form:	completing the form:
Today's Date:	Email (optional):

## STEP 6 – <u>If you would like assistance with your child(s) textbooks you must complete</u> <u>Step 5 OTHER BENEFITS</u> on the online application to be considered for this benefit.

This section is optional and does not need to be completed to receive free or reduced-price meal benefits <u>however</u>, if you want to receive textbook assistance you will need to complete Step 5 OTHER BENEFITS and qualify for meal assistance (free or reduced lunch).

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skyward.iscorp.com/	scripts/wsisa.dll/WService=wseduwaneein/sfamaedit020.w		Ð
Wa-Nee Commu	nity Schools		
Steps	2019-2020 Application for Free and Reduced Price School Meals	Bac	ck
Letter to Parents	Step 5. <u>OTHER BENEFITS</u> This section does not need to be completed to receive free or reduced price meal benefits.		
Instructions for Applying			
Federal Income Chart			
Use of Information Statement Application State 1: Child Names Step 1: Child Names Step 2: Benefits Step 3: Gross Income	Do you want to receive Textbook Assistance? No  This box says NO, and you will have to opt in by saying "YES" and electronically signing. Isistar Wright of confidentiality for this purpose only. This application more stated with the information of adult completing the form: Printed Name: Printed	nce. I give 14-28-2,	e up solely
<ul> <li>Step 4: Signature</li> <li>Step 5: Other Benefits</li> <li>Optional: Racial and Ethnic Identities</li> <li>Review and Submit</li> </ul>	This application information may be shared with the Family and Social Services Administration for the purpose of identifying children who may qualify for free or low-cost health insurance un or Hoosier Healthwise. If you want the application information shared for this purpose, please sign below. I certify I am the parent/guardian of the child(ren) for whom application is being authorize the release of information for this purpose. Signature of adult completing the form: Printed Name: For information about Hoosier Healthwise health insurance, call 1-800-889-9949.	ıder <b>Med</b> i g made. I	icaid

**STEP 7** – After you have completed your application **you must click on Review and Submit** and correct any errors or information that might pop up during this review.

Steps
Letter to Parents
Instructions for Applying
Federal Income Chart
Use of Information Statement
Non-discrimination Statement
Application  Step 1: Child Names  Step 2: Benefits  Step 3: Gross Income  Step 4: Signature  Step 5: Other Benefits  Optional: Racial and Ethnic Identities  Review and Submit

## **STEP 8**

Once you have completed application and fixed any errors or missing information you will be ready to submit your application.



## **STEP 9**

You will get a message that your application has been successfully submitted and it will be sent directly to Wa-Nee Community Schools for processing. You will be sent an email (if one is provided) or letter within 10 days of the submission of your application.

If you have any questions, please feel free to contact us at <u>freereduced@wanee.org</u> or the school where your child attends.