

HOMELESS FACILITY, SHELTER OR INSTITUTION AGREEMENT

Special Supplemental Food Program for Women, Infants, and Children (WIC)

Name of Homeless Facility/Shelter/Institution: _____

Address: _____
Number/Street City Zip Code

Phone: _____

The Special Supplemental Food Program for Women, Infants, and Children (WIC) is a federal government program that provides supplemental food, nutrition education and counseling, breastfeeding promotion and support, and referrals to income eligible pregnant, breastfeeding, and postpartum women as well as to infants and children up to the age of five. See www.michigan.gov/WIC for details.

All homeless facilities/shelters/institutions must meet three conditions in order for their residents to participate in WIC. These conditions are:

1. The homeless facility, shelter, or institution does not accrue financial or in-kind benefit from a client's participation in the WIC Program.
2. WIC foods will be segregated from general food storage, available for the sole use of the WIC client, and will not be used by the facility/shelter/institution in communal feeding.
3. WIC clients living in the facility/shelter/institution will not be denied access to their WIC foods or restricted from fully participating in the WIC Program.

If your facility/shelter/institution agrees to comply with the conditions above, please sign below. This agreement will be valid for one year, but may be terminated at any time through written notification of either party and can be terminated at any time by WIC if the facility/shelter/institution is found to be non-compliant with these conditions.

You must immediately notify the local WIC Agency if your facility/shelter/institution ceases to meet any of the above conditions.

Facility/Shelter/Institution Director (Print): _____

Signature: _____ Date: _____

Return by Mail or Fax to:

Local Agency WIC Program: _____

Contact Name: _____

Address: _____
Number/Street City Zip Code

Phone: _____ Fax: _____