



Homeless Facility Statement

Name of facility/institution: _____

Address: _____

Phone Number: _____

Contact Person: _____

I understand that the facility will not accrue financial gain or in-kind benefit from a person's participation in the WIC program.

I understand that foods provided by the WIC program may not be subsumed into a communal food service. The foods will be available exclusively to the WIC participant for whom they were issued.

I understand that this facility will place no constraints on the ability of the participant to partake of the nutrition education and supplemental foods available under the WIC program.

I understand that the intentional misuse of WIC foods by the facility may make me a party to fraud and may subject me to civil and criminal prosecution under State and Federal law.

The homeless facility must notify the state/local agency if it ceases to meet any of the above conditions.

This agreement must be renewed every two years.

Contact Person's Signature

Date

WIC Staff Signature

Date

This institution is an equal opportunity provider.