



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.

Contact Person's Signature

Date

WIC Staff Signature

Date

This institution is an equal opportunity provider.