

Purpose	To provide guidance when assessing and approving homeless facilities to assure they meet the requirements established by federal regulations.
Homeless Facility Definition	<p>“Homeless facility” means the following types of facilities which provide meal service:</p> <ul style="list-style-type: none">• A supervised publicly or privately operated shelter (including a welfare hotel or congregate shelter) designed to provide temporary living accommodations.• A facility that provides a temporary residence for individuals in a crisis situation ex. Abuse shelters.• A public or private place not designed for or normally used as a regular sleeping accommodation for human beings.
Conditions For WIC Participation	<p>Homeless Facilities must meet the following conditions for WIC clients residing at the facility to receive WIC foods.</p> <ul style="list-style-type: none">• The homeless facility does not accrue any financial or in-kind benefit from a person’s participation in WIC.• Foods provided by WIC are not incorporated into a communal food service, but are available to the WIC client for whom they were issued.• WIC foods are available to client’s 24 hours a day.• The facility places no constraints on WIC clients to partake in any WIC benefits.
Assessment of Facilities	<p>Each facility that meets the definition of a homeless facility must be assessed by the local agency for compliance with the required conditions.</p> <p>The initial assessment will be made during an on-site visit to the facility. When an on-site visit is not administratively possible the assessment may be made by phone.</p> <p>A Homeless Assessment Form should be completed for each facility that</p>

Assessment of Facilities (cont)

has or may have residents who qualify for WIC benefits before any residents are served.

Facility Notification of Approval

When a facility meets the conditions for approval a letter will be sent confirming this.

A copy of the letter is found as page 4e of this procedure. A copy of the letter should be retained by the local agency and a copy sent to the State WIC office.

Follow-up Assessments

Annually, a follow-up telephone assessment is to be conducted using the assessment form.

If the facility continues to meet the required conditions they will be notified of such by letter, (page 4e of this procedure).

Non-Compliant Facilities

Facilities that are found to **not** be in compliance with the specified conditions will receive a letter of cancellation after it has been determined that they are unable to meet one or more of the conditions. A copy of the letter is found as page 4f of this procedure.

Clients Residing at Non-Compliant Homeless Facilities

If a homeless applicant is residing at a homeless facility not previously assessed the applicant is to be certified. During the certification period the homeless facility must be assessed for compliance with the required conditions. If the homeless facility is able to comply, a letter of understanding is sent to the homeless facility.

In the event a facility is found to not meet or ceases to meet the required conditions, current clients residing at the facility are to be notified at the time of this determination and referred to other accommodations which are approved. For more information on providing benefits to clients in non-compliant facilities see Volume I, Section L, Page 2.

Approved Homeless Facilities That Cease to Meet Conditions

Homeless facilities that are approved as meeting the required conditions must contact the local agency in the event they no longer are able to do so.

Local agencies will work with the facility to determine if this is a temporary situation and what changes need to be made to allow them to meet the conditions, a letter will be sent notifying them of this fact.

**State Office
Notification of
Approved Homeless
Facilities**

A copy of the assessment form for each homeless facility should be sent to the State WIC office annually.

HOMELESS FACILITY ASSESSMENT FORM

Name of Facility _____ Phone _____

Address _____

Facility Contact Person _____ Title _____

Method of Initial Assessment: On-Site Phone

Question	YES	NO
1. Does your facility serve meals?		* If NO, answer 4a, 5 & 6 only
2. How many meals are served each day? <input type="checkbox"/> 1/day <input type="checkbox"/> 2/day <input type="checkbox"/> 3/day		
3. Are meals prepared on-site?		
4. If one of your residents received WIC foods would you normally:		
a. Reduce the meals/amount of food from the facility's food service given to this resident?		
b. Combine the resident's WIC foods with the facility's food supply?		
c. Separate the resident's WIC foods for their individual use?		
5. Are food storage facilities available for labeling and keeping foods separate for each individual?	Cabinet or Pantry?	Cabinet or Pantry?
	Refrigerator?	Refrigerator?
6. Would residents receiving WIC foods have access to the foods at any time of the day or night?		

ON - SITE VISITS ONLY

Describe Food Storage Areas	
Describe Food Preparation Area	
Describe Meal Service Area	

Facility Assessment

(Check the situation which applies)

	1. Facility currently complies with the following WIC conditions: <ul style="list-style-type: none"> • The facility does not accrue financial or in-kind benefit from a person's participation in the Program. • Foods provided by the WIC program are not mixed into the communal food service, but are available exclusively to the WIC client for whom they were issued. • The facility places no constraints on the ability of the client to partake of the WIC foods and education under the program.
	2. Facility does not currently comply with the WIC conditions, BUT agrees to revise procedures and practices so as to comply with the conditions.
	3. Facility is unable to comply with the WIC conditions at this time.

Local Agency Staff : _____

Date: _____

ANNUAL REVIEW OF FACILITY

Facility Name: _____

Date of Follow-Up: _____ Local Agency Staff: _____

Name of Facility Contact: _____

Check the Statement That Best Describes the Facility	
	Facility currently complies with the following WIC conditions: <ul style="list-style-type: none">• The facility does not accrue financial or in-kind benefit from a person's participation in the Program.• Foods provided by the WIC program are not mixed into the communal food service, but are available exclusively to the WIC client for whom they were issued.• The facility places no constraints on the ability of the client to partake of the WIC foods and education under the program.
	Facility does not currently comply with the WIC conditions, BUT agrees to revise procedures and practices so as to comply with the conditions.
	Facility is unable to comply with the WIC conditions at this time.

Date of Follow-Up: _____ Local Agency Staff: _____

Name of Facility Contact: _____

Check the Statement That Best Describes the Facility	
	Facility currently complies with the following WIC conditions: <ul style="list-style-type: none">• The facility does not accrue financial or in-kind benefit from a person's participation in the Program.• Foods provided by the WIC program are not mixed into the communal food service, but are available exclusively to the WIC client for whom they were issued.• The facility places no constraints on the ability of the client to partake of the WIC foods and education under the program.
	Facility does not currently comply with the WIC conditions, BUT agrees to revise procedures and practices so as to comply with the conditions.
	Facility is unable to comply with the WIC conditions at this time.

Date of Follow-Up: _____ Local Agency Staff: _____

Name of Facility Contact: _____

Check the Statement That Best Describes the Facility	
	Facility currently complies with the following WIC conditions: <ul style="list-style-type: none">• The facility does not accrue financial or in-kind benefit from a person's participation in the Program.• Foods provided by the WIC program are not mixed into the communal food service, but are available exclusively to the WIC client for whom they were issued.• The facility places no constraints on the ability of the client to partake of the WIC foods and education under the program.
	Facility does not currently comply with the WIC conditions, BUT agrees to revise procedures and practices so as to comply with the conditions.
	Facility is unable to comply with the WIC conditions at this time.

(Date)

(Name of Facility Director)
(Facility Address)

Dear _____ :

Your facility was assessed regarding compliance with WIC Program requirements. The assessment was completed on _____, 200 . Your facility meets all required conditions:

- 1) Does not accrue financial or in-kind benefit from resident's participation in WIC;
- 2) WIC foods are not subsumed into communal food service, but are available exclusively to the WIC client for whom they were issued; and
- 3) Places no constraints on the ability of the WIC client to partake in supplemental foods and nutrition education through WIC.

If at any time you determine that your facility cannot comply with these conditions, please contact me at () .

Please refer any potential eligible women, infants and children to our WIC office. Contact us at any time with questions. Your cooperation with and support of WIC is truly appreciated.

Sincerely,

This institution is an equal opportunity provider.

Rev. 12/2008

(Date)

(Name of Facility Director)
(Facility Address)

Dear _____ :

Your facility has been assessed for compliance with WIC Program requirements. The assessment/reassessment conducted on _____, 200____, indicated that your facility does not meet the following condition(s) that allow the provision of WIC benefits for qualified residents.

- ___ Does not accrue financial or in-kind benefit from resident's participation in WIC;
- ___ WIC foods are not subsumed into communal food service, but are available exclusively to the WIC client for whom they were issued; and
- ___ Places no constraints on the ability of the WIC client to partake in supplemental foods and nutrition education through WIC.

Any WIC clients currently residing at your facility will be referred to another facility, if possible, or they will discontinue receiving WIC foods after completing their initial certification period.

Please contact me at () - _____ if you believe the situation has changed at your facility, and another assessment can be made.

Sincerely,

This institution is an equal opportunity provider.