



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
WIC PROGRAM

**AGREEMENT ENABLING WIC BENEFITS FOR PARTICIPANTS RESIDING
IN FACILITIES FOR HOMELESS PERSONS**

THIS AGREEMENT IS MADE BETWEEN:

Name: _____

Address: _____

Phone: _____

AND

Name: _____

Address: _____

Phone: _____

AGREED

- A. That the WIC Program will make supplemental foods and nutrition education available to eligible residents of the above named facility.**
- B. The above named facility will:**
 - 1. Continue to make the same quantity and quality of food available to WIC participants as to other homeless individuals residing at the facility.**
 - 2. Not use foods provided by the WIC PROGRAM in group feeding.**
 - 3. Send no one to pick up eWIC benefits for all WIC participants in the facility or use WIC benefits in bulk.**
 - 4. Allow the WIC participant full use of the foods and nutrition education provided by the WIC PROGRAM.**
 - 5. Allow the state or local agency to review the facility to determine that these conditions are met, if necessary**
 - 6. Notify the WIC PROGRAM if at any time one or more of the conditions are not met.**

SIGNATURES: _____ **Date:** _____
(Local Agency Director or Designee)

SIGNATURES: _____ **Date:** _____
(Authorized Officer or Facility)

Prepare in duplicate:
Original-Local Agency
Copy-Facility for the homeless