**Facility Agreement Form**

The Washington State WIC Program for Women, Infants and Children (WIC) promotes good nutrition and healthy growth for pregnant, breastfeeding, and non-breastfeeding postpartum individuals, infants, and children up to age five. WIC provides nutritious foods, nutrition education, breastfeeding support, health assessment, follow-up, and referrals to health care and social services.

Pregnant, breastfeeding, and postpartum individuals, infants and young children staying in homeless and domestic violence shelters, and other facilities and institutions can benefit from WIC participation and are encouraged to apply. Participants can receive WIC food benefits if the facility meets the following criteria:

1. The shelter or facility doesn’t accrue financial or in-kind benefit from a person’s WIC participation.

* The facility doesn’t reduce expenses for food or other items because a resident receives WIC foods or services.

2. WIC foods are only for the person on WIC.

* The facility won’t restrict the person’s access to their WIC foods.
* The facility won’t give these foods to other people or use them in group meals.

3. The facility doesn’t restrict a participant's ability to receive WIC foods, nutrition education and breastfeeding support.

**By signing this form:**

I agree that our facility meets the above criteria. I will let WIC staff know if the facility no longer meets any of the criteria.

|  |  |
| --- | --- |
| **Signature:** | Sign with: /s/First name Last Name. |
| **Print Name:** | Click to enter name. |
| **Facility Name:** | Click to enter facility name. |
| **Address:** | Click to enter facility address. |
| **Phone Number:** | Click to enter phone number. |
| **Date:** | Click to enter a date. |
|  | (This form is valid for 2 years) |

Send to the local WIC agency listed below (fill in or stamp):

|  |  |
| --- | --- |
| **Clinic Staff:** | Click to enter text. |
| **Clinic Name:** | Click to enter clinic name. |
| **Address:** | Click to enter address. |
| **Phone Number:** | Click to enter phone number. |

(Rev. 10/2022)

**Washington WIC doesn’t discriminate.**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
   U.S. Department of Agriculture  
   Office of the Assistant Secretary for Civil Rights  
   1400 Independence Avenue, SW  
   Washington, D.C. 20250-9410; or
2. **fax:**  
   (833) 256-1665 or (202) 690-7442; or
3. **email:**  
   [program.intake@usda.gov](http://mailto:program.intake@usda.gov/)

This institution is an equal opportunity provider.

**Washington WIC doesn’t discriminate.**

To request this document in another format, call 1-800-841-1410.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](file:///C:\Users\mcp0303\AppData\Local\Microsoft\Windows\INetCache\IE\TIHF9WHO\civil.rights@doh.wa.gov).





DOH 962-983 October 2022