



Policy and Procedure Manual

Volume 1, Chapter 19 Special Living Situations

Washington State WIC Nutrition Program

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Special Living Situations

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Section 1: Outreach to Individuals Experiencing Homelessness

POLICY: Outreach to Individuals Experiencing Homelessness

Staff must conduct outreach activities to notify individuals experiencing homelessness of the availability of WIC services.

- See Volume 2, Chapter 9 - Outreach for more information.

Individuals experiencing homelessness include those who:

1. Don't have a fixed or regular nighttime residence.
2. Have a primary nighttime residency that is:
 - A supervised publicly or privately operated shelter meant to provide temporary living accommodations. Examples include:
 - Shelters for survivors of domestic violence
 - Homeless shelters, or other temporary shelters
 - A public or private place not designed for or ordinarily used as a place to live. Examples include:
 - Vehicles, parks, hallways, doorsteps, and abandoned buildings
 - A temporary living situation of not more than 365 days. Examples include:
 - Living in someone else's home, or "couch surfing."

PROCEDURE:

Staff:

- A. Identify and create relationships with shelters, non-profit organizations, and faith-based organizations who serve pregnant, breastfeeding, and postpartum individuals, and children experiencing homelessness.
 - Examples include overnight shelters, daytime shelters, community meal programs, and other community partners.

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- B. Contact the identified community partners to inform them of WIC services.
1. Call them by phone and follow up the call by sending outreach materials.
 2. Meet with the identified community partners in person.
 3. Provide an in-service for the identified community partners and have them provide an in-service to WIC staff.
- C. Assess outreach efforts to determine if the efforts are reaching individuals experiencing homelessness.
1. Review the clinic's or agency's statistics for number of participants experiencing homelessness served.
 2. Identify potential barriers to serving individuals experiencing homelessness at the clinic or agency.
 3. Identify potential barriers at overnight and daytime shelters, and other community partners serving pregnant, breastfeeding, and postpartum individuals, and children up to age five experiencing homelessness.

Assessment may include, for example:

- There isn't public transportation between the community organization or facility and the WIC clinic.
 - The facility doesn't meet the criteria for serving WIC participants who shelter there.
- D. Develop a plan of action to help reduce identified barriers to serving WIC participants who experience homelessness.
- Collaborate with trusted community partners to remove barriers, when possible.

Section 2: Participants without a Permanent Address

POLICY: Participants without a Permanent Address

Staff must not require a **permanent** address for WIC eligibility.

Staff must maintain confidentiality of residency for participants who are living in a shelter or residential facility serving survivors of domestic violence.

- See [Volume 1, Chapter 18 – Certification](#) for policies and procedures when the participant doesn't have documentation of Washington state residency.

PROCEDURE:

Staff:

- A. Use the following for an address when the participant has no address:
 1. Shelter address if the participant frequently stays at one shelter.
 - Don't document the address for a shelter or residential facility serving survivors of domestic violence when the shelter requires confidentiality.
 2. The address of a relative or friend where the person stays or receives mail.
 3. "General delivery" in the address field with the zip code of the area where the person receives mail.
 4. Enter the WIC clinic address, if none of the above apply.
- B. Ask open-ended questions in a participant centered manner to get insight on the applicant's living conditions to assess whether an applicant is experiencing homelessness when living with others. For example:
 - Mom and baby have been staying with a friend for 3 months but are sleeping on the living room floor and are managing their own food and resources. The friend is losing patience and has asked mom and baby to leave. In this example mom and baby are experiencing homelessness.
 - Mom and baby are living with a friend. They have their own room. Mom contributes to the household income with a part time job. They split grocery

costs, share child care, utilities, etc. This is a stable arrangement. This mom and baby are not experiencing homelessness.

Reference: WIC Oregon Policy 655 - Homeless Applicants, Procedure 3.1

- C. Select “Homeless” from the Homeless/Incarcerated dropdown list on the Family Demographics screen when the participant is experiencing homelessness.
1. See the “[Outreach to Participants Experiencing Homelessness](#)” policy for the definition of homeless.
 2. Staff may want to write a Family Alert to share information pertinent to scheduling, etc.
 3. Staff write a note in the Individual Care Plan for information related to nutrition and nutrition education.

Section 3: Participants in Shelters, Facilities, or Institutions

POLICY: Participants in Shelters, Facilities, or Institutions

In order to provide WIC food benefits to participants living in a shelter, facility, or institution, staff must ensure the facility meets the following requirements:

1. The facility doesn't accrue financial or in-kind benefit from the person's WIC participation.
 - For example, the facility can't reduce expenses for food or other items because a participant receives WIC foods or services.
2. The participant has access to the WIC foods and is the only person who benefits from the WIC foods.
3. The facility doesn't interfere with the participant receiving WIC foods, nutrition education, or breastfeeding support.

Note: Examples of shelters, facilities and institutions where participants may reside, even temporarily, include: homeless and domestic violence shelters, mental health facilities, and substance use disorder treatment facilities.

The coordinator or designated staff must assess the facility by completing the [Facility Agreement Form](#) with staff at the facility.

1. Assess the facility every two years.
2. Keep paper or electronic copies of the completed form on file for four years.

Staff must provide the participant with a full certification period and WIC foods in the following situations:

1. The facility complies with the requirements listed above.
2. The facility's compliance hasn't been determined.
3. The facility isn't in compliance with the requirements listed above, but there aren't other alternatives available in the area.
 - If a facility isn't in compliance at the end of the participant's certification period:

- Staff complete a subsequent certification to determine WIC eligibility.
- **Staff can't provide food benefits** if the participant remains in the facility.
- **Staff must provide infant formula or therapeutic formula** so the participant continues to receive the nutrition needed to thrive. See Procedure D for more information.

Note: Hospitals don't fall under this policy because the participant isn't "residing" in the hospital. The participant or family maintains their physical address. Staff don't have to have a Facility Agreement Form completed with hospitals and Washington WIC doesn't provide foods or formula to participants in a hospital providing all the participant's nutrition needs.

PROCEDURE:

Staff:

- A. Assess if the facility meets the requirements in the policy above in order to provide WIC foods.
 1. Determine if there's a current [Facility Agreement Form](#) on file.
 - If the participant receives WIC benefits in one area but goes to a facility in a different area that is far away, the clinic where the person participates contacts the facility to get the form completed.
 2. Contact staff at the facility, typically the director, to complete the form when one isn't on file, or it expired.
 3. Complete a [Facility Agreement Form](#) every two years to assure the facility meets the requirements.
 - Keep paper or electronic copies of the form on file for four years.
- Note:** For agencies with more than one clinic the agency administrator or coordinator may complete the Facility Agreement Form with facilities, track the expiration dates, keep the original copies and send copies to each clinic.
- B. Provide the participant a full certification period and WIC foods in the following situations:
 1. The facility is in compliance with the requirements listed in policy.

- There's a [Facility Agreement Form](#) on file and it's within the 2 year period.
2. The facility's compliance hasn't been determined, for example:
 - Staff haven't assessed the facility yet.
 - The [Facility Agreement Form](#) expired.
 3. The facility isn't in compliance but there aren't other facilities available in the area.
- C. Take the following action(s) if the facility doesn't meet the requirements:
1. Contact facility staff to determine if they are willing to change procedures to meet the requirements.
 - Share additional information by calling shelter staff, sending information by mail or with the participant.
 2. Refer the participant to a different facility that meets the requirements.
 3. Allow the participant to receive WIC foods for one certification period while living in a facility that doesn't meet the requirements and there isn't an acceptable or appropriate facility in the area with openings.
- D. Do the following when the certification period ends for a participant in a facility that doesn't meet the requirements:
1. Complete a subsequent certification to assess for WIC eligibility.
 2. **Don't provide foods** if the participant remains in the facility.
 - Participants not eligible to receive foods can receive WIC nutrition education, health assessment, follow-up, and referrals.
 3. **Provide infant formula or therapeutic formula** in order to continue to receive the nutrition needed to thrive.
 - See [Volume 1, Chapter 23 – WIC Foods](#) for information about infant formula and therapeutic formula.

- See [Volume 1, Chapter 24 – Medical Documentation for Foods and Formula](#) for information about required documentation.
- E. Determine whether the participant needs a customized food package when the person can receive WIC foods. For example, you may need to:
1. Provide Ready-to-Feed (RTF) formula if limited refrigeration is available.
 2. Provide foods with a longer shelf life or foods that don't need to be refrigerated.
- See [Volume 1, Chapter 23 - WIC Foods](#) for more information.
- F. Document pertinent information related to nutrition and nutrition education in the participant's Individual Care Plan.

Information:

The [Facility Agreement Form](#) is in the Appendix. A fillable form version is posted on the [WIC Policy and Procedure page](#) below this chapter. Print the form as needed.

Section 4: Appendix

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 food 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: _____

Print Name: _____

Facility Name: _____

Address: _____

Phone Number: _____

Date: _____

(This form is valid for 2 years)

Send to the attention of the staff at the local WIC agency listed below (fill in or stamp):

Clinic Staff: _____

Clinic Name: _____

Address: _____

Phone Number: _____

Washington WIC doesn't discriminate.

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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

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