DOCUMENT TO BE SUBMITTED USING LOCAL AGENCY LETTERHEAD

HOMELESS FACILITY, SHELTER OR INSTITUTION AGREEMENT

The Nevada Women, Infants and Children (WIC) promotes good nutrition and healthy growth for pregnant, breastfeeding, and postpartum women and children up to age five. This is achieved by providing nutritious foods, nutrition education and referrals to health care. Nevada WIC helps participants meet special dietary needs by providing foods such as eggs, fruit, vegetables, milk, cereal, cheese and more.

Homeless women and children benefit greatly from WIC services and are encouraged to apply for benefits. Homeless women, infants and young children staying in homeless/safe women's shelters can participate in WIC as long as the facility meets the following four criteria:

☐ The homeless facility does not accrue financial or in-kind benefit from a person's participation in the program, e.g., by reducing its expenditures for food service

	because its residents are receiving WIC foods.
	Foods provided by the Nevada WIC Program are not to be included into a communal food service, but are available exclusively to the WIC participant for whom they were issued.
	The shelter has adequate and safe storage for WIC Foods.
By che riteria	cking these criteria and signing below, I verify that our facility meets <u>ALL</u> the above Date
	Homeless Facility Name
	Address, City, State, Zip
	Phone Number
	Signature
	Print Name and Title

You must immediately notify the local WIC Agency if your facility/shelter/institution ceases to meet any of the above conditions.



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letui	completed form via mail or fax to the local WIC Agency listed below by the following
ate_	:
	Local Agency Name
	Contact Name
	Address, City, State, Zip
	Phone Number
	Fax Number

Nevada WIC wants WIC services to reach those who need it and hope to work with you and your residents in the future. Enclosed is general information about WIC. Please refer any of your residents that may be eligible to the Nevada WIC local agency.

Non-Discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;

(2) Fax: (202) 690-7442; or

(3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

