INSTITUTION/HOMELESS FACILITY COMPLIANCE CONTACT

| Date: | Phone Contact or Site Visit: | | |
|--|------------------------------|----------------------|--------------------|
| Institution Name: | | | |
| WIC participant(s) currently a | t facility? Yes/No | How many: | WIC Clinic number: |
| How does the participant atten | d WIC appointments | ? | |
| How does the participant purc | hase WIC foods? | | |
| How is the participant's WIC | food stored/prepared? | | |
| | | | |
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| | | | ble: |
| | | | |
| Date: | Ph | one Contact or Site | Visit: |
| Institution Name: | | | |
| WIC participant(s) currently a | t facility? Yes/No | How many: | WIC Clinic number: |
| How does the participant atten | d WIC appointments | ? | |
| How does the participant purc | hase WIC foods? | | |
| How is the participant's WIC food stored/prepared? | | | |
| Description of facility complia | unce/noncompliance:_ | | |
| Date warning letter sent to fac | ility for noncomplian | ce: | |
| Date and description of resolu | tion of facility noncor | npliance, if applica | ble: |
| (01/96) | | | |