

MDH Homeless Facility Assessment Form

UPDATED APRIL 1999

Name of Facility _____

Address _____

Phone Number _____

Date Contacted for Assessment _____

Method of Contact: In person By Phone

Name of Facility Staff Person Contacted _____

Staff Person's Title _____

Local Agency _____

Staff Person Making Contact _____

1. Does your facility routinely provide shelter for women, infants and/or children?

Y N

If yes, indicate how many women, infants and children are at your facility per night, on the average _____

2. Does your facility serve meals? Y N

(If no, assessment is to be ended at this point. Does not meet regulatory definition and does not have to be assessed. Any resident of this facility who applies is to be processed/certified according to standard procedures for non-homeless applicants.)

3. Are meals prepared on-site? Y N

4. If one of your residents received government food benefits, would you normally:

a. Reduce the meals/amount of food from the facility's food service given to this resident? Y N

b. Combine the resident's government food benefits with the facility's food supply? Y N

c. Separate the resident's government food benefits for their individual use? Y N

d. Other _____

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5. Are food storage facilities available for labeling and separating foods for specific individuals? **Y N**

e.g., by reducing its expenditures for food service because its residents are receiving WIC foods

6. (If answered "yes" to #5) Do these food storage facilities include:

a. Cabinet or pantry **Y N**

b. Refrigerator space **Y N**

7. The WIC program requires that the supplemental foods be used only by the intended participant, and that these foods not be combined with the facilities' food stores, or that the resident on WIC does not have his/her facility food service reduced. Would your facility be able to comply with these requirements? **Y N**

8. Does your facility have a policy regarding residents participating in public assistance or public health programs? **Y N**

9. What means of transportation are available to residents to get to health care or other services: _____

10. Would there be any constraints or barriers regarding a resident participating in the WIC Program?

a. Attendance at WIC clinic to receive nutrition education **Y N**

b. Attendance at WIC Clinic to pick up their own WIC benefits **Y N**

11. Do you agree to revise procedures and policies in accordance with the following WIC requirements, so as to permit an eligible woman, infant or child to participate in the Program?

Y N

a. The homeless facility does not accrue financial or in kind benefit from a person's participation in the Program.

b. Foods provided by the WIC program are not subsumed into a communal food service, but are available exclusively to the WIC participant for whom they were issued:

c. Institutional proxies do not as a standard procedure, pick up food instruments for all Program participants in their respective homeless facilities or transact the food instruments in bulk; and

d. The homeless facility places no constraints on the ability of the participant to partake of the supplemental foods and nutrition education available under the Program.

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12. (For on-site visits, describe observations at the facility:)

Food storage area _____

Food preparation area _____

Meal service area _____

13. (For the second and subsequent assessments, also interview a current WIC participant residing at this facility;)

a. Are you able to keep your/your child's WIC food separate at the facility?

Y N

b. Since you/your child have been on WIC, has the facility reduced the foods that they provide to you? Y N

c. Do you have problems getting to the WIC clinic? Y N

If yes, describe why: _____

Minnesota Department of Health - WIC Program 85 E 7th Place, PO BOX 64882, ST PAUL MN 55164-0882; 1-800-657-3942, health.wic@state.mn.us, www.health.state.mn.us; To obtain this information in a different format, call: 1-800-657-3942

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