

Section 5.6: Homeless Applicants and Participants

UPDATED 4/2021

References: 246.2 and 246.7(m)

Policy: Promptly provide services to homeless individuals who meet eligibility criteria.

Definition: “Homeless individual” means a woman, infant or child:

- **Who lacks a fixed and regular nighttime residence or**
- **Whose primary nighttime residence is:**
 - A supervised publicly or privately operated shelter (including a welfare hotel, congregate shelter, or a shelter for victims of domestic violence) designated to provide temporary living accommodations
 - An institution that provides a temporary residence for individuals intended to be institutionalized
 - A temporary accommodation of not more than 365 days in the residence of another individual, or
 - A public or private place not designed for, or normally used as, a regular sleeping accommodation for human beings

The definition is broad and includes people who may:

- Live in cars, abandoned buildings/barns or under bridges
- Camp outdoors
- Shuttle between friends and relatives
- Live in homeless shelters

Purpose: To provide eligible homeless participants with appropriate WIC services to which they are entitled.

Procedures: Follow standard certification procedures, adapting as needed to accommodate special circumstances of homeless individuals.

- **Schedule appointments** for homeless individuals as promptly as possible. See Section 3.2, Processing Standards, for required scheduling timeframes. Appointment scheduling should be flexible to meet transportation and other individual needs.

- **Residency:** Homeless applicants must reside in Minnesota.
 - **Physical Address:** In the WIC Information System, record the address or location where the applicant/participant routinely lives or spends the night. Review proof of residency if this can be provided.
 - If there is not a fixed or formal address for residence, write a description of the address in the “Address” field of the WIC Information System, or write “Homeless”.
 - If the participant resides in a homeless facility, use the facility address.
 - A post office box may not be used as the physical residence address except for participants enrolled in the *Safe at Home* program. (See [Section 5.2-2, Residency](#))
 - Document unusual situations in Notes if needed to explain the participant’s residence.
 - **Mailing address:** Record the mailing address if there is one. If there is none, staff should write “No mailing address” in the “Mail” address section of the WIC Information System.
 - **Residency in a homeless facility:** Evaluate eligibility of applicants residing in a homeless facility. Such an applicant may be eligible for the WIC Program if the facility meets all of the following conditions:
 - The homeless facility does not gain financial or in-kind benefit from a person’s participation in its program (e.g., by reducing its expenditures or food service because its residents are receiving WIC foods).
 - The WIC foods will be available *exclusively* to the WIC participant to whom they were issued and must not be used in the *communal* food service.
 - The homeless facility places no restrictions on the ability of the participant to use the WIC foods and participate in the nutrition education and breastfeeding support available in WIC.
- **Income:** Standard income guidelines apply (see [Exhibit 5-A, Minnesota WIC Eligibility Guidelines](#)).
- **Lack of income, identity or residency documentation – Waiver option**
 - Due to their living circumstances, homeless individuals may not have the necessary documentation of identity, residency or income. If no documentation can be provided, have the participant sign the *Certification Notice* waiver, confirming this. See [Section 5.2](#) for information about waiver procedures.
- **Provide appropriate services:**
 - Nutrition Education:
 - Tailor the nutrition education to the unique needs of the homeless individual. The homeless condition may predispose participants to nutritional risk.

- Assess if instruction is needed about how to prepare and store foods with limited refrigeration and cooking facilities is needed.
- Food Package considerations: see [Section 7.14](#), Food Package Options for Homeless Participants.
- Referrals: Homeless individuals often have many needs and should be referred to appropriate health and social services and community resources (e.g., MFIP, Food Support, Medical Assistance, food pantries, meal programs, legal services, etc.).

Guidance:

- Residency - WIC Information System functionality
 - Select the “Homeless” checkbox in Demographics to assign the “Homeless” risk factor (801).
 - This disables the *Residency Proof* drop down options.
 - Although proof of residency must be reviewed by WIC staff at the certification, or a waiver signed, it will not be possible to document that proof in Demographics. This is an exception to usual procedure.
- The household mailing address zip code is associated with the WIC Card and is one of the validations used to set the card’s PIN. The mail zip code, as entered in the WIC Information System, would also be needed by the participant to reset their PIN through the Customer Service site or by WIC staff to reset the PIN.
- If there are questions as to whether a homeless facility meets required conditions, the [Homeless Facility Assessment Form](#), (Exhibit 5-W) may be used. Contact your State WIC Consultant for more information.

Reference – Complete Listing of Hyperlinks

[Section 3.2](#)

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch3/sctn3_2.pdf)

[Section 5.2-2](#)

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sctn5_2_2.pdf)

[Exhibit 5-A](#)

(<https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/exhbts/ex5/5a.pdf>)

[Section 5.2](#)

(<https://www.health.state.mn.us/people/wic/localagency/program/mom/ch/ch5.html>)

[Section 7.14](#)

SECTION 5.6: HOMELESS APPLICANTS AND PARTICIPANTS

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch7/sctn7_14.pdf)

Homeless Facility Assessment Form, (Exhibit 5-W)

(<https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/exhbts/ex5/5w.pdf>)

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