

Breast Pump Loaner Agreement Form
Maine CDC WIC Nutrition Program



Local Agency Name:	Model of Pump: Pump Serial#: Pump Asset Tag#:
Participant's (Mom) Name and ID#	Baby's Name and ID#: Baby's DOB:
Home Phone#: Backup Phone#:	Alternate Contact Person Name: Alternate Person's Phone#:
Reason for Loaner Pump:	

Loan Agreement:

- I understand that the Maine CDC WIC Nutrition Program is providing me with a loaner breast pump.
- I understand that pumps are loaned out to participants on a priority basis and I will surrender the pump if requested to do so or should a higher priority than mine arise.
- I understand I must return the pump if:
 - I miss my appointments or stop coming to WIC
 - Baby has reached first birthday
 - Medical need has resolved
 - Baby receiving supplemental formula in excess of allowed amount
 - WIC staff unable to reach me to assess continued need for pump
- I know I am responsible for the breast pump and I must return the pump in the same condition I received it in.
- I understand that if I do not return the pump or I damage the pump, the WIC Program can charge me for the total cost of the pump. I understand that this pump could be worth as much as \$1000.00.

Client Signature

Date

Cosigner Name (if client under 18 years old)

Co-signature

Cosigner Phone Number

WIC Staff Signature

Date

Assembly, Use & Cleaning Reviewed _____
Staff Initials

Return Date: _____

Staff Initials: _____