![C:\Users\hannah.james\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\F3J826A3\768px-Breastfeeding-icon-med.svg[1].png]()

**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.

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_