



Maine CDC WIC Nutrition Program Breastpump Rental Agreement Form

Release of Information

I, _____, give permission to the Maine CDC WIC Nutrition Program to verify that I am a WIC client for the purpose of renting an electric breast pump from _____.

My Address _____ My Phone # _____

WIC Clinic _____ Baby's Name _____ DOB _____

Reason for the pump rental _____

Signature _____ Date _____

Rental Agreement

I understand that the Maine CDC WIC Nutrition Program will pay for the pump rental beginning with the authorized date below.

I understand that pumps are rented 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 that the Maine CDC WIC Nutrition Program will not pay for the pump rental 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 rental

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 rental company can charge me for the total cost of the pump. I understand that this pump could be worth as much as \$1,000.

WIC Authorizing Signature & Title

Client Signature

Date

Assembly, Use & Cleaning Reviewed _____
Staff initials

Pump serial # _____

To be completed by Pump Rental Agency Representative upon pump return

Pump returned on _____ Pump rental agency representative signature _____