



Breast Pump Loaner Agreement Form
 Maine CDC WIC Nutrition Program

Local Agency Name:	Model of Pump:
	Pump Serial#:
	Pump Asset Tag#:
Adult Participant's Name and ID#	Baby's Name and ID#:
<input type="checkbox"/> under 18? If so, cosigner recommended	Baby's DOB:
Home Phone#:	Alternate Contact Person Name:
Backup Phone#:	Alternate Person's Phone#:
Reason for Loaner Pump (if Some Breastfeeding):	

Loan Agreement:

1. I understand that the Maine CDC WIC Nutrition Program is providing me with a loaner breast pump.
2. I understand I must return the pump if:
 - a. I miss my WIC appointments or I am no longer enrolled in WIC
 - b. My baby has reached their second birthday
 - c. I am no longer using the pump
 - d. WIC staff are unable to reach me
3. I understand that I am responsible for the breast pump.
4. I agree to return the pump in the same condition I received it.
5. **I understand that if I do not return the pump or the pump is returned not working, the WIC Program may charge me for the total cost of the pump (up to \$900).**

Participant Signature _____ Date _____

Co-signer Name (if participant under 18 years old) _____ Co-signature (over 18 years old) _____ Co-signer Phone Number _____

WIC Staff Signature _____ Date _____

Education Provided:

Assembly Use & Cleaning Review Breastmilk Storage Guidelines

_____ Participant Initials

Return Date: _____ Pump returned in good condition Staff Signature: _____

This institution is an equal opportunity provider.