

**Breast Pump Loaner Agreement Form**

Maine CDC WIC Nutrition Program

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| 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

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WIC Staff Signature Date Assembly, Use & Cleaning Reviewed \_\_\_\_\_\_\_\_\_\_\_\_

Staff Initials

Return Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_