**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Baby’s DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for the pump rental\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pump Serial#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff initials Pump Asset Tag#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by Pump Rental Agency Representative upon pump return**

Pump returned on \_\_\_\_\_\_\_\_\_\_\_\_\_ Pump rental agency representative signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_