

Return Date:_

Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

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#: Baby's DOB: Home Phone#: Alternate Contact Person Name: Alternate Person's Phone#: Reason for Loaner Pump (if Some Breastfeeding):		
Pump Asset Tag#: Adult Participant's Name and ID# Baby's Name and ID#: Baby's DOB: Home Phone#: Alternate Contact Person Name: Alternate Person's Phone#: Reason for Loaner Pump (if Some Breastfeeding):	Model of Pump:	Local Agency Name:
Adult Participant's Name and ID# 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):	Pump Serial#:	
☐ 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):	Pump Asset Tag#:	
Home Phone#: Backup Phone#: Reason for Loaner Pump (if Some Breastfeeding): Alternate Contact Person Name: Alternate Person's Phone#:	Baby's Name and ID#:	Adult Participant's Name and ID#
Home Phone#: Backup Phone#: Reason for Loaner Pump (if Some Breastfeeding): Alternate Contact Person Name: Alternate Person's Phone#:	ded Baby's DOB:	under 18? If so, cosigner recommended
Reason for Loaner Pump (if Some Breastfeeding):		
Reason for Loaner Pump (if Some Breastfeeding):	Alternate Person's Phone#:	Backup Phone#:
I oan Δαreement:		-
I oan Δαreement:		
 I understand that the Maine CDC WIC Nutrition Program is providing me with a loaner breast pump. I understand I must return the pump if: I miss my WIC appointments or I am no longer enrolled in WIC My baby has reached their first birthday I am no longer using the pump WIC staff are unable to reach me I understand that I am responsible for the breast pump. I agree to return the pump in the same condition I received it. I understand that if I do not return the pump or the pump is returned not working, the WIC Program may chame for the total cost of the pump (up to \$900). 	f: or I am no longer enrolled in WIC est birthday in n me the breast pump. e condition I received it. the pump or the pump is returned not working, the WIC Program may charge	 I understand I must return the pump if: a. I miss my WIC appointments or I am no I b. My baby has reached their first birthday c. I am no longer using the pump d. WIC staff are unable to reach me I understand that I am responsible for the breast I agree to return the pump in the same condition I understand that if I do not return the pump of
Participant Signature Date	Date	Participant Signature Date
Co-signer Name (if participant under 18 years old) Co-signature (over 18 years old) Co-signer Phone Numb	Co-signature (over 18 years old) Co-signer Phone Number	Co-signer Name (if participant under 18 years old)
WIC Staff Signature Date	Date	WIC Staff Signature Date
Education Provided:	_	Education Provided:
Assembly Use & Cleaning Review Breastmilk Storage Guidelines Participant Initials	Breastmilk Storage Guidelines Participant Initials	Assembly Use & Cleaning Review Breast

This institution is an equal opportunity provider.

Staff Signature: ___

Pump returned in good condition