



**Breast Pump Loaner Agreement Form**  
 Maine CDC WIC Nutrition Program

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

**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 first 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.