

Small Electric Breast Pump Loan Agreement

WIC -399

Purpose: To use as a legal, binding agreement between the local agency and the participant for the loan of a small electric breast pump

Reference: [BF 04.2](#)

Procedure: Complete the form as follows:

1. Name-Enter the name of the participant
2. Address-Enter the participant's address
3. Home Phone Number-Enter the participant's home telephone number
4. Work Phone Number-Enter the participant's work telephone number
5. Social Security Number-Enter the participant's social security number
6. WIC I.D. Family Number-Enter the WIC Family Identification number
7. Baby's Name-Enter the baby's name
8. Baby's Birthday-Enter the baby's birth date
9. Back Up Contact:
 - a. Name-Enter the name of the name of back-up contact in case of emergency
 - b. Phone Number-Enter the telephone number of the back-up contact in case of emergency
 - c. Address-Enter the address of the back-up contact in case of emergency
10. Enter the name of the health department from which the pump is being loaned
11. Enter the name and location of the local agency breastfeeding coordinator
12. Enter the date at which the pump shall be returned, the name of the local agency breastfeeding coordinator and the phone number of the local agency
13. Have the participant read items one (1) through ten (10)
14. Have the participant sign and date the loan agreement
15. Initial beside the participant's signature and date
16. Upon the return of the pump, enter the return date

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17. For Office Use Only:

- a. Enter the reason for issuance to determine the priority if there are other requests for the pump
- b. Enter the Virginia Department of Health identification number listed on the pump
- c. Enter the electric breast pump serial number printed on the pump by the manufacturer
- d. Sign and date upon return of the pump

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Name: _____

Address: _____

Home Phone #: _____

Work Phone #: _____

Social Security #: _____

WIC I.D. Family #: _____

Baby's Name: _____

Baby's Birthday: _____

Back Up Contact:

Name: _____

Phone #: _____

Address: _____

Name: _____

Phone #: _____

Address: _____

I have received an Electric Breast Pump from _____ Health Department.

1. I have been shown how to use the electric breast pump and can use it by myself.
2. I agree to protect and care for the breast pump and keep it clean.
3. I agree the electric breast pump is for my use only.
4. I assume full responsibility for any harm caused by use of this breast pump and will hold the WIC program, the Virginia Health Department, and its employees harmless for any accident or injury resulting from the use of the breast pump.
5. I am responsible for any damages to the pump caused by misuse, abuse, or lack of maintenance of the pump during the period of the pump loan to me.
6. I will clean this electric breast pump and return it in good operating condition or be subject to financial penalty.
7. I will keep the WIC office informed of any changes to my address or phone number.
8. I will return the pump at my next nutrition education contact or ask for an extension.
9. I will return the pump when I no longer need it or upon the request of the WIC office. The WIC office may issue only 1 month of food checks at a time until I return the pump.
10. I can call _____ at _____ with any questions.

I must return the small electric Breast pump to the above Health Department by _____ (date) or I will contact _____ at _____ to renew the loan agreement.
(Name) (Phone Number)

Signature: _____ Date: _____ Loaned by: _____ Return date: _____ Letter sent: _____

Renewal Signature: _____ Date: _____ Loaned by: _____ Return date: _____ Letter sent: _____

Renewal Signature: _____ Date: _____ Loaned by: _____ Return date: _____ Letter sent: _____

Renewal Signature: _____ Date: _____ Loaned by: _____ Return date: _____ Letter sent: _____

Renewal Signature: _____ Date: _____ Loaned by: _____ Return date: _____ Letter sent: _____

For Office Use Only

Reason for Issuance: _____

Electric Breast Pump Serial Number: _____

Pump Received by: _____ Return Date: _____

