

WV WIC Program Electric Breast Pump Loan Agreement

I _____ have been loaned the
(Participant Name) (WIC ID Number)

_____ breast pump _____ from the _____ WIC Program
(Type of pump) (Serial Number) (Local Agency)

Date of Loan _____ Breast pump to be Returned Date _____

- I agree to care for, clean, and protect the breast pump.
- I have been shown how to use and clean the breast pump and can use it with no assistance.
- I agree that the breast pump is in good working condition.
- I agree to be the sole user of the breast pump and promise to **return it** to the WIC clinic on the Return date above.
- I understand that this is a **loan**, and that WV WIC has a limited number of breast pumps to loan to breastfeeding mothers.
- I agree not to bring any claim against the West Virginia WIC Program, or any official or employee connected with the WIC Program, for any damages or expenses arising from use of the breast pump.
- **I agree to contact the WIC clinic if my address and/or phone number changes.**
- I understand that this breast pump is the property of the State of West Virginia WIC Program, and as State property it will be reported as stolen if not returned to the WIC clinic by above return date. A police report may be filed, or a Collection Agency may assist with the retrieval of the breast pump.
- I agree to pay for the replacement cost of this breast pump if it is not returned to the WIC clinic.

WIC Participant Signature: _____ Driver's Lic. (State and #): _____

Address: _____

Directions to above address: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Email Address: _____

Alternate contact person/relationship: _____ Phone Number: _____

WIC Staff Signature: _____

Date Returned: _____ **Signature of Returnee** _____

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
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- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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