

MI-WIC POLICY

Breastfeeding

4.0 Breastfeeding

Effective Date: 2/1/10

4.05B Issuance of Multiple User Breast Pumps

Michigan WIC Program Multi-User Breast Pump Loan and Release Agreement

Date: _____	WIC ID: _____	DL No: _____
Name _____	Medicaid No: _____	Infant DOB: _____
<i>Last</i> _____	<i>First</i> _____	<i>Middle</i> _____
Mailing Address _____	City _____	Zip _____
Residence Address _____	City _____	Zip _____
Home Phone No. _____	Message No. _____	
1 st Additional Contact Person: _____	Phone No. _____	
Mailing Address _____	City _____	Zip _____
2 nd Additional Contact Person: _____	Phone No. _____	
Mailing Address _____	City _____	Zip _____

Check as appropriate:

- I have received and understand instructions for:
 - Hand expression of breastmilk
 - Operating/cleaning this breast pump
 - Handling and storing breastmilk
- I have received instructions for returning this breast pump.
- I agree to follow the instructions for operating and cleaning this breast pump.
- I understand this breast pump is the property of, and on loan from, the _____ WIC Program. I must return the breast pump by _____ or sooner if I no longer use it. I may be required to return it sooner for use by a higher priority WIC participant.
- I understand that the breast pump is the property of _____ WIC Program/State of Michigan and if I fail to return it, the breast pump will be reported to the local and/or State authorities as stolen.
- I understand that I am under no obligation to use this breast pump, and that I may discontinue its use at any time. I release the Michigan WIC Program and its representatives from any and all liability regarding my use of this breast pump.**
If I have problems I should call _____ at _____

WIC Client Signature _____ Date _____

WIC Representative Signature _____ Date _____

For Office Use Only

Multiple Use Pump: <ul style="list-style-type: none"><input type="checkbox"/> Lactina (Medela)<input type="checkbox"/> Elite (Ameda)<input type="checkbox"/> Nurture III<input type="checkbox"/> Pedal Pump Serial No. _____ <ul style="list-style-type: none"><input type="checkbox"/> Double Lactina kit<input type="checkbox"/> Dual Hygienikit<input type="checkbox"/> Nurture III kit	Reason for Issuance: <ul style="list-style-type: none"><input type="checkbox"/> Mother/Infant separation due to illness, prematurity, hospitalization<input type="checkbox"/> Premature infant at home who is unable/has not yet learned to feed effectively at breast<input type="checkbox"/> Infant with severe feeding problems<input type="checkbox"/> Multiple birth<input type="checkbox"/> Infant has not yet learned how to latch on/effectively feed at breast<input type="checkbox"/> Maternal/Infant illness causing difficulty establishing/maintaining milk supply<input type="checkbox"/> Need to increase milk supply<input type="checkbox"/> Returning to work full time
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WIC is an equal opportunity provider.

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