

MI-WIC POLICY

Breastfeeding

Effective Date: 2/1/10

4.0 Breastfeeding

4.04A Breastfeeding Equipment Inventory and Maintenance

Loaner Breast Pump Return Receipt

Pump Was Issued To: _____
Participant Last Name, First Name

WIC Family Number: _____

Pump Was Issued From: _____
Local Agency/Clinic Name and/or Number

Pump Returned To: _____
Local Agency/Clinic Name and/or Number

Circle Pump Model:	Elite	Lactina	Nurture III	Pedal
Serial Number	_____			
Circle Condition:	Clean	Dirty	Broken Parts	
If not working, describe problem(s) such as suction, cycling, power, etc:				

I certify that I returned this breastpump in the condition described above.

PRINT Returnee's Name

Relation to Client: Client, Mother, Friend, etc.

Returnee's Signature _____ Date _____

WIC Representative Signature _____ Date _____
First Name PLUS Middle and Last Initials