

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

Date: _____		WIC ID: _____		DL No: _____	
				Medicaid No: _____	
Name _____			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

<p>Multiple Use Pump:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medela <input type="checkbox"/> Ameda <input type="checkbox"/> Nurture III <input type="checkbox"/> Pedal Pump <p>Serial No. _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Double Lactina kit <input type="checkbox"/> Dual Hygiene kit <input type="checkbox"/> Nurture III kit

<p>Reason for Issuance:</p> <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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