

**INDIANA WIC PROGRAM
MULTI-USE PUMP LOAN AGREEMENT**

Local Agency Name: _____ **Agency Phone #:** _____
 Name: _____ ID #: _____
 Phone #: _____ Second Phone #: _____
 Client Email: _____
 Pump Serial #: _____

Breastfeeding woman or other household member should read and sign below

_____	I acknowledge that I have received an electric breast pump on loan. I understand that the pump is the property of the Indiana State WIC Program
_____	I agree to pay for damages or losses that occur to the pump under my care.
_____	I agree to protect and care for the pump, and return the pump in clean condition.
_____	I have received instruction on how to use the pump and how to keep breast milk safe.
_____	I understand WIC may request the return of the pump at any time.

I will return the pump on: _____
Date to return

Client Signature Date Issued By

RETURN EXTENSION DATES

DATE Reason

DATE Reason

DATE Reason

Date Pump Returned: _____ **Received by:** _____