

**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:** \_\_\_\_\_