

Breast Pump Loan-Release Form Multi-User Electric

I reques	t a multi-user electric breast	pump from WIC.
I have been instructed by	on	the following topics (please initial below):
If I need further information or	have questions regarding the	e use of this breast pump I will contact:
Clinic Name	Clin	ic Phone #
I understand that (please initial	below):	
to the clinic. It is my responsibility to safe area. I will lock the It is my responsibility to If the pump breaks or n This breast pump is for The WIC Program, its en responsible for any per ONE RESPONSIBLE. This pump is the propen stolen.	protect the pump from thef pump in my car when travel inform the WIC clinic of any nalfunctions, I must return the my use only. I will not loan the mployees, and the Montana I sonal damage caused using the ty of the WIC Program. I mus	change of address or phone number. e pump to the WIC office for repair. his breast pump to anyone. Department of Health and Human Services are NOT his breast pump or WIC staff instruction. I AM THE ONLY et return it by the due date, or it will be reported as
Participant Signature	Date	Participant ID#
Participant Phone #	Participant Address	
The participant has been detern	nined to be eligible for a multi	-user breast pump for the following reason(s):
WIC Staff Signature	Date	lssued: Symphony or Lactina
Breast Pump # Issued	Date Pump Issued	Expected Return Date
INSTRUCTIONS: Scan into the	participant's folder and give a	a copy to the participant.
Breast Pump Loan-Release Form- Multi-User Electric		October 2024