

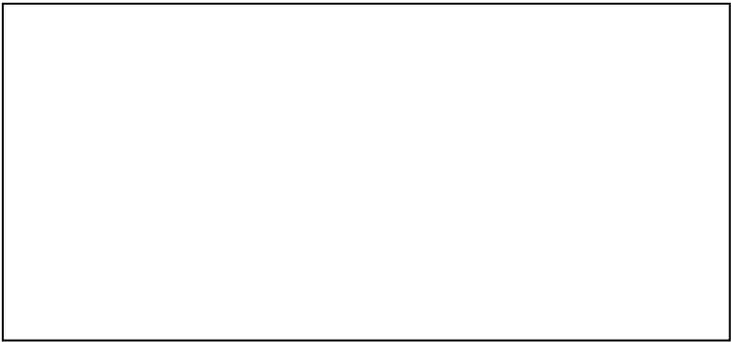


Maine Center for Disease
Control and Prevention
An Office of the
Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Maine CDC WIC Nutrition Program Breastpump Rental Agreement Form



Release of Information

I, _____, give permission to the Maine CDC WIC Nutrition Program to verify that I am a WIC client for the purpose of renting an electric breast pump from _____.

My Address _____ My Phone # _____

WIC Clinic _____ Baby's Name _____ DOB _____

Reason for the pump rental _____

Signature _____ Date _____

Rental Agreement

I understand that the Maine CDC WIC Nutrition Program will pay for the pump rental beginning with the authorized date below.

I understand that pumps are rented out to participants on a priority basis and I will surrender the pump if requested to do so or should a higher priority than mine arise.

I understand that the Maine CDC WIC Nutrition Program will not pay for the pump rental if:

- I miss my appointments or stop coming to WIC
- Baby has reached first birthday
- Medical need has resolved
- Baby receiving supplemental formula in excess of allowed amount
- WIC staff unable to reach me to assess continued need for pump rental

I know I am responsible for the breast pump and I must return the pump in the same condition I received it in. I understand that if I do not return the pump or I damage the pump, the rental company can charge me for the total cost of the pump. I understand that this pump could be worth as much as \$1,000.

WIC Authorizing Signature & Title

Client Signature

Date

Assembly, Use & Cleaning Reviewed _____
Staff initials

Pump serial # _____

To be completed by Pump Rental Agency Representative upon pump return

Pump returned on _____ Pump rental agency representative signature _____