

Multi-User Electric Breast Pump Loan Contract

BREAST PUMP SERIAL #: _____ LA# _____ Site# _____

Participant's Name: _____ Date of Birth: _____

Address: _____ PAN: _____

City/State/Zip: _____ Email: _____

Home Phone: _____ Work/Cell Phone: _____

Other Contact: _____ Phone Number: _____

- _____ I am currently:
- ☐ enrolled in the Texas WIC Program. Any termination of that enrollment will cancel this contract and the breast pump shall be returned to WIC.
 - ☐ the designated proxy and have been appointed by a WIC participant to pick up a breast pump and deliver it, along with the specified training and contract obligations listed below. As the proxy, I agree to abide by this contract.

_____ I have not received a breast pump from another source that works well for me.

_____ I understand that it is my responsibility to inform the WIC clinic of any change of address or phone number.

_____ I understand that I am the only one authorized to use this pump. I will not allow anyone else to use this pump.

_____ I have received instruction on assembly, use, disassembly, cleaning of the breast pump, and the storage and handling of expressed breast milk.

_____ I understand that WIC, its employees, and the Texas Department of State Health Services are NOT responsible for any personal damage caused by the use of this breast pump. I am the only one responsible.

_____ I understand that it is my responsibility to protect the pump from theft or loss. I will handle the pump with care. I will lock the pump in my car when traveling, either in the trunk or out of sight. I will keep the pump in a secure area at home. If the pump is stolen, I understand that it is my responsibility to file a police report and provide WIC with a copy of it.

_____ I understand that if the pump breaks or malfunctions, I must return the pump to the WIC clinic for replacement or repair.

_____ If pumping is discontinued earlier than anticipated, I agree to return the pump to the WIC clinic prior to the scheduled due date.

_____ I understand that I shall not make an offer to sell or post this breast pump in print or websites such as Craigslist, Amazon, Facebook, or Ebay.

_____ I understand that this breast pump is the property of the State of Texas WIC Program and as state property, I must return it to the WIC clinic by the due date or it will be reported as stolen.

WIC Participant/Proxy Signature: _____ Date: _____

FOR STAFF USE:

Trained By (*Print Name*): _____ Title: _____

Date Issued: _____ Date Due: _____

Date of Attempted Contacts:	Method of Attempted Contact:	Result Code:	Notes:
1. ____/____/____			
2. ____/____/____			
3. ____/____/____			
4. ____/____/____			
Date Reported to State Agency:			

Result Codes: CC = Call Completed; LM = Left Message; DC = Phone Disconnected; NA = No Answer; LR = Letter Returned; TS = Text Sent; EM = Emailed; NR = No Response

**** Original to participant chart/central file; copy to participant ****



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