



BREAST PUMP LOAN AGREEMENT FOR CO-SIGNER

<p>Participant Name: _____ WIC Clinic: _____</p> <p>WIC ID Number: _____</p> <hr/> <p>Co-signer Name: _____</p> <p>Co-signer _____ Phone Number _____</p> <p>Address _____ City _____ Zip Code _____</p> <p>Driver's License Number _____ Social Security Number _____</p> <hr/> <p>Alternate Contact Person Required: (Not living in the same household)</p> <p>_____</p> <p>Name _____ Phone Number _____</p> <p>Address _____ City _____ Zip Code _____</p>	<p><i>Office Use Only</i></p> <p>Breast Pump Type: _____</p> <p>Pump Serial Number: _____</p> <p>Reason for pump loan: _____</p> <p>Term of Loan: <input type="checkbox"/> month to month (1 month)</p> <p>Symphony pump to be returned: ___/___/___ ____ Co-signer Initials</p> <hr/> <p>Date of return: ___/___/___</p> <p>Condition of pump: <input type="checkbox"/> clean <input type="checkbox"/> dirty <input type="checkbox"/> broken ____ Staff Initials ____ Participant/Co-signer Initials</p> <p>Received by: _____</p> <p>(WIC Admin Office Use Only)</p> <p>Letter to PT/Alt: _____</p> <p>Letter to PBIS: _____</p>
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Loan Conditions

- Maintain WIC enrollment.
- Notify WIC of changes to name, address and/or telephone number for participant and alternate contact.
- Use the breast pump and pumping kit according to instructions for assembly, use and cleaning.
- Keep the breast pump in my possession.
- Notify the WIC Program by calling (909) 388-5668, (909) 388-5673 or 1 (800) 472-2321 if the pump is not working properly or if parts break.
- Return the breast pump **clean and in good condition**.
- Pay the WIC Program up to \$ **1500.00** if the pump is not returned. (If the pump is stolen, a copy of the police report will be provided as proof of theft.)

Signature of Co-signer	Date	WIC Authorized Signature and Title	Date
Print co-signer's name			