

Missing or Damaged Multi-user Electric Breast Pump Form

Note: This form should be completed when a participant fails to return a loaned multi-user electric breast pump or for a pump that has been returned damaged beyond repair, so the pump can be made inactive in the state inventory and MOWINS.

Name of local WIC agency	Agency number	Date
Contact person at agency	Phone number	Email

Pump Information

Brand of pump	Serial number	WIC tag number
Purchase date	Replacement cost	Repair cost (if returned damaged)
Explain condition of pump, if returned damaged		
Answer the following questions if pump was not returned		
Was participant contacted by phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many times was participant contacted?	
Was a certified letter mailed to participant? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was letter received by participant?	
Was police report filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?	
Any other comments:		

Participant Information

Participant name	State ID number	Phone number
Other phone numbers (other family contacts)	Last known address	
	Date pump was issued	Date of last appointment

Fax completed form and copy of breast pump loan agreement to the state WIC office at 573-526-1470.