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.
If an asterisk (*) is shown, it is required.

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

Pump Information

Brand of pump:*	WIC tag number:*	Serial 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? ☐ Yes ☐ No	If yes, how many times was participant contacted?
Was a certified letter mailed to participant? ☐ Yes ☐ No	If yes, was letter received by participant?
Was police report filed? ☐ Yes ☐ 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:*

Email completed form and copy of breast pump loan agreement to Kayla.Christman@health.mo.gov. If you have any questions related to breast pumps, please email or call Kayla Christman at 573-526-5270.

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