Name

Address

Re:

Dear [Mother]:

On [date], you signed a Multi-User Electric Breast Pump Loan Agreement (the “Agreement”) with the Georgia Special Supplemental Nutrition Program for Women, Infants, and Children (“Georgia WIC”) and were issued the above-referenced breast pump. WIC staff attempted to contact you, and the alternate contact listed in the Agreement by [telephone/text/email] on the following dates: [date], [date], and [date]. WIC staff then sent you a letter, dated [date], asking that you contact your WIC clinic to discuss your breastfeeding efforts and continued need for the Medela Symphony® breast pump by [deadline date on first letter]. As of the date of this letter, Georgia WIC staff have not received a response from you or your alternate contact.

As stated in your Agreement, the Medela Symphony® breast pump issued to you is the property of Georgia WIC. By signing the Agreement, you agreed that Georgia WIC would contact you, at least monthly, to provide breastfeeding support and assess your continued need for the Medela Symphony® breast pump. You also agreed to return the pump if you: no longer needed the pump; leave the state of Georgia; no longer maintain Georgia WIC; or are asked to do so by WIC. The Department of Public Health’s Office of Inspector General (“OIG”) has been notified of our efforts to contact you to retrieve the pump loaned to you. They will review the files and determine further action(s).

It is important to know that our attempts to retrieve the Medela Symphony® breast pump will not affect your eligibility to receive WIC services and benefits. If breastfeeding is going well and you need to continue pumping milk for your baby, WIC has personal breast pumps available and want to give one to you, for yours to keep.

If you have any questions concerning this matter, please contact our Breastfeeding Program Coordinator, [NAME], at [PHONE NUMBER], between the hours of 8:00 a.m. and 5:00 p.m., or at [EMAIL ADDRESS].

Sincerely,

[NAME] , Nutrition Services Director  
 [AGENCY NAME]

**cc: [Alternate contact name, address]**

**[Georgia Department of Public Health, State Breastfeeding Program Specialist]**