1. Name (Last, First)												
2. Family ID	F											
3. Date of Birth		Month			Day			Year				
4. Expected or Actual Delivery Date		Month			Day			Year				
5. County of Residence												

N.C. Department of Health and Human Services
Women's and Children's Health Section
Nutrition Services Branch

Breastfeeding Peer Counselor Program

Letter of Agreement

The WIC breastfeeding peer counselor program wants you to be successful with breastfeeding your baby. To help you be successful, a breastfeeding peer counselor will:

- Contact you during pregnancy and the early days of breastfeeding
- Be available to help you with breastfeeding until you wean your baby
- Refer you to lactation experts or healthcare providers if needed
- Help you:
  - ✧ Make plenty of breast milk for your baby
  - ✧ Get a good start with breastfeeding
  - ✧ Learn how to breastfeed your baby anywhere
  - ✧ Get support from your family and friends
  - ✧ Address your breastfeeding concerns
  - ✧ Keep breastfeeding when you go back to work or school

Your part in breastfeeding peer counselor services is to:

- Tell the peer counselor about your needs during pregnancy and after your baby is born
- Let the peer counselor know if your address or phone number change
- Let the peer counselor know how and where you would like to be contacted:

Contact Method(s)	Provide Your Contact Information
☐ Telephone	
☐ Text Message (if applicable)	
☐ Video Conference (if applicable)	
☐ Email (if applicable)	
☐ Other: _____ Specify Contact Method(s)	

Both the WIC Program Staff and the participant must read and sign this letter of agreement to begin breastfeeding peer counselor program services.

I understand my part and wish to get breastfeeding peer counselor program services.

_____
Signature of Participant

_____
Date

I understand my part of the breastfeeding peer counselor program services and will work with the participant to help receive the services desired.

_____
Signature of WIC Program Staff

_____
Date

_____
Breastfeeding Peer Counselor's Phone Number