



Application for Car Seat Distribution

Date of Application: _____

Family Contact Information

Parent Name: _____ Phone: _____

Street Address: _____

City: _____ State _____ Zip _____

Family Information

- Is this family currently participating in the Healthy Beginnings or Nurse Family Partnership programs? Y / N
If yes, please connect with these programs to discuss their own car seat assistance program.
- Family is enrolled in which income-eligible program? _____
**Enrollment in a program is a requirement for car seat distribution.*
- How many children are under the age of eight years in the household? _____
- If you are expecting, when is your due date? _____
**For timely install, please complete and submit this application by the time the mother is 35 weeks pregnant.*
- Is the family comfortable speaking English? Y / N
If no: Family will bring an English-translator Family will require Safe Kids translation service

Car Seat Information

- Have you received discounted or free car seats in the past? Yes No
a. If yes: Approximate date of distribution & distributing agency: _____
- What type of car seat(s) do you have? Please check all that apply and complete car seat information on the back of this application. Only check car seats that are not expired. Please destroy expired car seats.
 infant carrier rear facing forward facing booster N/A
- Please provide the most recent measurements from the child's last well visit in order to ensure distribution of the most appropriate car seat.
Child 1 Name: _____ Age: _____ Height: _____ Weight: _____
Child 2 Name: _____ Age: _____ Height: _____ Weight: _____
Child 3 Name: _____ Age: _____ Height: _____ Weight: _____
- Why does your child/ren need a car seat through Safe Kids Lancaster County? Please check all that apply.
 Child outgrew Car seat expired Was involved in a vehicle crash Other. Please specify:

**Please complete the remainder of the application on the following page.*

Car Seat Information Continued

Please complete the following information for all non-expired car seats the family has. Please destroy all expired car seats by cutting the straps and throwing away or taking to Target's annual car seat take-back event.

Manufacturer Information can be found on a printed label located on the shell of the car seat.

Seat 1 Manufacturer: _____

Seat 1 Model Name: _____

Seat 2 Manufacturer: _____

Seat 2 Model Name: _____

Seat 3 Manufacturer: _____

Seat 3 Model Name: _____

Distribution Process

- ✓ Complete application and submit to Lindsay Pringle (Lindsay.pringle@penmedicine.upenn.edu), Safe Kids Lancaster County Coordinator.
- ✓ Upon approval, Lindsay will forward the application to a local certified child passenger safety technician (CPST).
- ✓ The CPST will call the family to schedule the required car seat installation appointment. Appointments usually run between 30 - 60 minutes depending on the number of seats to be installed.
- ✓ The appropriate car seat(s) will be distributed to the family based on the age, height and weight of the child/ren.
- ✓ Parents should clear the back seat of the vehicle to prepare for installation.
- ✓ Parents should bring the vehicle manual if they have one.

I agree that the completed information is true to the best of my knowledge.

Referring Agency: _____

Staff Name (Print): _____ Date: _____

*Once complete, please scan and email a copy of this completed application to Lindsay Pringle, Safe Kids Lancaster County Coordinator, at Lindsay.Pringle@penmedicine.upenn.edu.

Car seats provided by Chicco USA. Thank you to our partners at Chicco and the Safe Kids Coalition.



Penn Medicine
Lancaster General Health

