

Application for Car Seat Distribution

Date of Application:

*This application must be completed and submitted by a representative of a social service agency or income-eligible program in order to be accepted.

Family Conta	act Information				
Parent Name:	:		Phone:		
Street Addres	ss:				
City, State, ZII	P:				
Email:					
Family Infori	mation				
•	s participating in the Healthy Be e from that program to obtain a			rams, please have them contact a gram.	
*Enrollment	rolled in which income-eligible in an income-eligible program is to receive a car seat through th	s a			
How many c the househo	hildren are under the age of eigold?	ght years in			
*For timely i	specting, when is your due date install, please complete and sub- install, please the mother is 35 wee	mit this			
Is the family	comfortable speaking English?				
• If no	, primary language spoken:				
	the family require a translation provide an English translator?	service or will			
		1			
Car Seat Info	ormation				
1. Has the far	mily received discounted or fre	e car seats in the pa	ast? Yes \(\simega \) No \(\simega \)		
• If yes:	Approximate date of distributi	on & distributing ag	gency:		
	hild <u>needing a seat</u> , please prov tribution of the most appropria		t measurements from	the child's last well visit in order	
• Child	1 Name:	Age:	Height:	Weight:	
• Child	2 Name:	Age:	Height: Weight:		
• Child	3 Name:	Age:	Height:	Weight:	

3. Why	does your cl	hild/ren	need a car	seat throug	gh the Safe Ride P	Program? Ple	ease check	k all that app	ply.	
	☐ Child out	grew	☐ Car sea	at expired	\square Was involve	d in a vehicle	e crash	\square Other.	Please specify:	
4. Wha	t type of car	seat(s) d	lo you have	? Please ch	neck all that apply	and complet	te car seat	informatio	n on the back of	
this app	olication. Onl	y check	car seats th	at are not e	expired. Please de	estroy expire	d car seat	s.		
	\square infant ca	rrier	\square rear	facing	\square forward f	acing	□ boos	ter	□ N/A	
seats by	cutting the	straps ar	nd throwing	g away or ta	on-expired car sea king to Target's bi d label located on	i-annual car	seat take-	back event (-	
Seat 1	Manufacturer	& Mod	el Name:							
Seat 2	Manufacturer	& Mod	el Name:							
Seat 3	Manufacturer	& Mod	el Name:							
Eligibil	ity Requirer	nents								
•		come-el guardian	igible progr s are eligibl	am. Distrib e to receive	tted on the family ution sites will no a seat.	•	•			
Distrib	ution Proce	SS								
√	distribution Upon approv	location val, the (s is availabl CPST at the	e on <u>LGHea</u> distribution	ntact person of yo Ith.org/SafeKids I site will call the f etween 30 - 60 mi	amily to sch	edule the	required cai	r seat installation	
\checkmark	✓ 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 shou	uld bring	the vehicle	manual if t	they have one					
I agree	that the com	pleted i	nformation	is true to t	he best of my kno	owledge.				
Referri	ng Agency:									
Staff Na	ame:									
*Once	complete, ple	ease sub	mit applicat	ion to the li	isted contact pers	on of your d	esired dist	ribution loc	cation. Locations	

and contact information is available at LGHealth.org/SafeKids.

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

















