

# Child Passenger Safety Program Application



Together with The Ohio Buckles Buckeyes Program, Galion City Health Department provides rear-facing car seats, forward-facing car seats, and booster seats to eligible families. Classes are instructed by our Child Passenger Safety Technicians, and are offered by appointment and as seats are available. Currently a **\$20 donation is requested**.

**The applicant must meet the following criteria to receive a Child Passenger Safety Seat:**

- The child’s parent and/or guardian **MUST** attend a one-hour training program.
- The child must weigh 5–40 lbs. to receive the rear-facing (convertible seat), 22–65 lbs. to receive the forward-facing (convertible seat), and must be at least 4 years of age to receive the booster seat.
- The parent and/or guardian must provide proof of pregnancy or be in the third trimester.
- The child must be a resident of Crawford County.
- Applicant must meet WIC income requirements.

Upon receipt of this application, the applicant will be scheduled for the next available educational program or a private appointment. **Program attendance by at least one parent and/or guardian is required to obtain the car seat.** Please bring verification of your income (Medicaid card or WIC referral) to the program as well as verification of your pregnancy or the child’s birth. We will contact you as soon as possible to schedule a time for your educational program and child passenger safety seat pickup.

**Please complete the application below and return to:**

Galion City Health Department  
 113 Harding Way East  
 Galion, Oh 44833  
 Fax 419-468-8618

|  |  |   |  |
|--|--|---|--|
| Date:                                    | Parents/Guardians Name:  |   |  |
| Address:                                 |  | Telephone #:  |  |
| Email Address:                           |  |   |  |
| Child’s Name:                            |  | Child’s Date of Birth/Due Date:                                   |  |
| Child’s Present Weight and Height:       |  | Has this child received a car seat from this program in the past? |  |
| Number in family:                        |  | Family’s Gross Monthly Income \$                                  |  |
| Do you own a car?                        | If no, who owns the vehicle you will be using?<br>What is his/her relationship to you? |   |  |
| Vehicle Year, Make, Model:               |  |   |  |
| Are there workable seatbelts in the car? |  | If yes, how many?   |  |
| How did you hear about this program?     |  |   |  |