



CHILD PASSENGER SAFETY PROGRAM

The Crawford County General Health District and the Galion City Health Department have certified child passenger safety seat technicians and participate in the Ohio Buckles Buckeyes program. Through this participation the departments have available child passenger safety seats to distribute. We have convertible seats available for infants and toddlers and booster seats available for children.

Due to the limited quantity of child passenger safety seats available to our county, any family applying to receive a seat must meet the following criteria:

- 1) The child's parent(s) and/or guardian(s) **MUST** attend a one-hour training program.
- 2) The child must weigh no more than 30 lbs. or you must be in your third trimester of pregnancy in order to qualify for a convertible seat. A child must weigh between 30 and 65 lbs. in order to qualify for a booster seat.
- 3) The child must be a resident of Crawford County.
- 4) The child must not have received a seat through this program before.
- 5) Applicant must meet WIC income guidelines.
- 6) A \$10 fee is requested at time of education program.

Upon receipt of this application, the application will be reviewed for eligibility and the applicant will be notified of his/her acceptance. The applicant will then be scheduled for the next available educational program. **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:

Bucyrus City and County Residents

Crawford County General Health District
130 N. Walnut St., Suite B
Bucyrus, Ohio 44820

Galion and Crestline City Residents

Galion City Health Department
113 Harding Way East
Galion, Ohio 44833

Date:		Parents/Guardians Name:	
Address:			Telephone #:
Child's Name:		Child's Date of Birth:	
Child's Present Weight:		Baby's Due Date:	
Number in family:		Family's Gross Monthly Income \$	
Do you own a car?	Make/Model	Year	
If you do not own a car, who is the owner of the vehicle you will be using?			
What is their relationship to you?			
Are there workable seatbelts in the car?		If yes, how many?	
Has your child received a car seat from this program in the past?			
How did you hear about this program?			