

REQUEST FOR A CAR SEAT

INFORMATION TO TELL THE FAMILY REQUESTING A SEAT:

- The Wyandot County Public Health Dept. will offer car seats by appointment. If the parent is unable to attend the appointment, a family member may take their place. If you do not show up for the appointment, your name is taken off the list and no car seat will be saved.
- You will receive an installation video prior to your appointment. **If you are unable to watch the installation video before your appointment you will be asked to watch the video (10 minutes) at the start of your appointment.** Two follow-up safety videos will be emailed to you after your appointment to watch at your convenience.
- The health department will distribute car seats and booster seats to Wyandot County eligible children following the guidelines put forth by the Ohio Dept. of Health's "Ohio Buckles Buckeyes" program.
- \$20.00 is requested for each car seat.
- One car seat provided per child- No exceptions! If more than one child in the family needs a seat, this will be provided depending on seat availability.
- Call the Health Dept. with any questions: 419-294-3852 Ext: 233 or email Callan Pugh at cpugh@co.wyandot.oh.us.

(Cut and give top portion to client)

Date of request: _____

Parent's Name: _____

Address: _____

Phone: _____

Email: _____

Child's/Children's Names: _____

Age/Ages: _____ Date of Birth: _____ E.D.D. _____

Weight: _____ Height: _____

Type of car seat needed: (circle car seat type)

Convertible Seat

5 - 65 lbs., up to 54" *

Rear Facing: 5-40 lbs., up to 40"

Forward Facing: 22-65 lbs., up to 54" (must be at least 2 years old)

High Back Belt Positioning Booster

40-120 lbs., 44-57" *

Must be at least 4 years old

* (MANUFACTURERS VARY)

Questions to ask parents:

Are you on WIC or income eligible for WIC? Yes/No
(See attached guidelines for assistance.)

Do you presently have a car seat? Yes/No

Is it damaged or expired? Yes/No

Have you ever received a car seat/booster from WCHD? Yes/No

If yes, when, and what is status of that car seat? _____

_____.

What year is the vehicle you drive? _____

Does your vehicle have a lap and shoulder belt? Yes/No

How do you presently have your child in your vehicle?

Rear- facing/Forward- facing?

Who will be using the car seat that you receive from us? _____

_____.