



Wyandot County Public Health

127- A South Sandusky Avenue Upper Sandusky, OH 43351 Phone 419-294-3852 | Fax 419-294-6424

> www.wyandothealth.com Equal Opportunity Employer/Provider

REQUEST FOR A CAR SEAT

Revised 12.15.2025 CM

Wyandot County Public Health offers car seats by appointment to income eligible families. To receive a car seat a family must:

- Live in Wyandot County, Ohio, and have a child who is eligible for a car seat or booster as determined by guidelines from the Ohio Department of Health's Ohio Buckles Buckeyes Program, including family income eligibility.
- Attend a 45-minute class to learn about the car seat/booster seat and proper installation.
- Watch an installation video (10 minutes) emailed before the appointment. NOTE: If you are unable to watch the installation video before your appointment you will be asked to watch the video during your appointment.

Please note:

- A suggested donation of \$20.00 is requested for each car seat.
- One safety seat is provided per child, without exception to ensure availability of seats for other families.
- Families that fail to show up for their appointment without making attempts or responding to attempts to reschedule are removed from the waitlist and are not guaranteed seat availability.
- Call the Health Dept. with any questions: 419-294-3852 or email Callan McMillion at cmcmillion@co.wyandot.oh.us.

(Cut and give top portion to client)

Date of request:	Date of appointment:	
Parent Name:		
Email:	Phone:	
Child Name(s):		
Age/Ages:	Birthday/Due Date:	
Weight:	Height:	

Type of seat needed: (circle 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)

Combination Seat 22-110 lbs., up to 28-57"

Forward Facing: 22-50 lbs., up to 28-50" (must be at least 2 years old) **High Back Booster:** 22-65 lbs., up to 44-57" (must be at least 4 years old)

High Back Belt Positioning Booster

40-120 lbs., 44-57"

Must be at least 4 years old





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Questions for caregiver requesting seat:

(If filling out online, please circle/highlight responses)

Are you on WIC or income eligible for WIC (See WIC guidelines for assistance)	C? Yes/No	
Do you currently have a car seat/booster sea Is this seat damaged or expired?	at for your child Yes/No Yes/No	
Have you ever received a car seat/booster for If yes, when, and what is status of that car s	rom WCPH? Yes/No	
Year received:Status (circle one): In Use/Damage	ed/Expired/No Longer Have	
Does your vehicle have a lap and shoulder laborate Do you have your vehicle owner's manual? (Manuals are used at appointments)		
If no, list Make/Model/Year:		
What stage is your child currently in? Which installation method is preferred?	Rear-facing/Forward-facing/Booster Seat Belt or LATCH	
Who will be using the car seat:	Parent/Legal Guardian or another caretaker	