



## Referral Guidelines

The primary goal of this program is to educate and instruct families on the proper use/installation of child restraints. One seat per family.

- Recipients must be currently enrolled in CC4C, PCM, or WIC program(s).
- Guardian must have full custody of child. *\*Foster parents or other family members are not eligible.*
- Child must weigh less than 50lbs and should be less than 50 inches tall (4ft).

### During the appointment

- Recipients will receive hands on education to ensure the child restraint is appropriate for the child and properly installed in the vehicle.
- Clients must provide a vehicle.
- Child must attend. *\*Seats not provided for unborn children.*
- Clients **must exchange/dispose of their current child restraint** at appointment to receive a new one.

## Client Information

**First, Last Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Child's Information:** Weight: \_\_\_\_\_ Height: \_\_\_\_\_ DOB: \_\_\_\_\_

**Notes/Comments:** \_\_\_\_\_

## Health Department Employee

**Department:** CC4C / PCM / WIC *please circle* \_\_\_\_\_

**Client is being referred because:** *please check all that apply*

- Child has outgrown current child restraint's weight and/or height limits
- Child restraint is expired
- Child restraint has been involved in a crash
- Child restraint is defective (cracks, missing parts/pieces etc.)
- Other: \_\_\_\_\_

**Employee Name:** \_\_\_\_\_ **Extension:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*Please submit form to Julia Phelps, Injury Prevention Health Educator, at [jphelps@nhcov.com](mailto:jphelps@nhcov.com) or in person.\*\***

## Child Passenger Safety Technician Use Only

**Date Form Received:** \_\_\_\_\_ **Appointment Scheduled:** \_\_\_\_\_

**Notes:** \_\_\_\_\_