

## Car Seat Distribution Referral Form



The primary goal of car seat distribution through the PCM/CC4C and Safe Kids programs is to ensure children are riding safely in vehicles by educating and instructing families on proper use/installation of child restraints. Car seats are a limited resource and will be provided when available.

Please complete the referral form below and submit to Julia Phelps at <a href="mailto:jphelps@nhcgov.com">jphelps@nhcgov.com</a>. Guardian will be contacted after referral is received to schedule an appointment for educational installation.

## **Referral Guidelines**

- Guardian 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.

## **During the appointment**

- Guardian will receive hands on education to ensure the car seat is appropriate for the child and properly installed in the vehicle.
- Guardian must provide a vehicle for educational installation.
- Child receiving the seat must attend appointment. Unborn children are the exception.
- If the *current* car seat at appointment is expired, defective, has been involved in an accident, the child restraint will not be given back to the family due to safety reasons.

Guardian's Information		
Guardian's First & Last Name:		
Phone Number:		
Child's Information: Weight:	Height:	DOB:
Notes/Comments:		
Public Health Employee Use		
Department: <u>CC4C / PCM / WIC</u> plea	ase circle	
Guardian/Child is being referred because: please check all that apply		
□ Child has outgrown current child restraint's weight and/or height limits <b>stated by the manufacturer</b> □ Child restraint is expired		
☐ Child restraint has been involved in a cra		
<ul><li>Child restraint is defective (cracks, missi</li><li>Other:</li></ul>		
Employee Name:		
Employee Signature:		Date:
Child Passenger Safety Technician Use Only		
Date Form Received:	Appointment Scheduled:	