

APPLICATION FOR CHILD SAFETY SEAT

Directions: Fill in application completely.

Applicant's Name: _____ Date of Birth: ____/____/____
(First) (Middle) (Last) (mm dd yyyy)

Street Address: _____ Apt. No.: _____

Mailing Address (if different): _____

City/County: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ **Last Four (4) Digits of Social Security No:** ____-____-____-____
(Area Code)

I am requesting a child safety seat for:

My Unborn Child: Due Date: ____/____/____

My Child: Child's Name: _____ Birth Date: ____/____/____
(First) (Middle) (Last) (mm dd yyyy)

Child's Age: ____ yr ____ mos Child's Weight: ____ lbs. Child's Height: ____' ____"

Child's Race: African American Caucasian Asian Native American Other: _____

Child's Ethnicity: Hispanic Non-Hispanic

Relationship To This Child: Parent Legal Guardian Foster Parent Other: _____

I am a Virginia Resident: Yes No

I or my child is a US citizen or a documented alien: Yes No

I or my child receives FAMIS, WIC, Medicaid, or TANF: Yes No # _____ (If applicable)

I am willing to attend a safety seat training session: Yes No

Applicant Signature: _____ **Date:** _____

To Be Completed By Child Safety Seat Program Staff For Reporting Purposes

Applicant's Program Code: _____
(Applicant's Last name plus last four (4) digits of Social Security Number)

Applicant met eligibility requirements: Yes No

If Yes: Date Approved: ____/____/____

Date Training Conducted: ____/____/____

Date Safety Seat Issued: ____/____/____

Approved applicant showed up for training: Yes No

Applicant Placed On Waiting List: Yes No

If No: Date Denied: ____/____/____

Check reason why applicant was denied:

Supply Depleted Child's Age Above Seven Year

Not Virginia Resident Did Not Want to Attend Training

Income Too High Other _____

Type of seat issued to child: Convertible: Issued as Rear-facing or Forward-facing

Booster: Informed client to only use with a vehicle Lap and Shoulder Belt: Yes No

Type of Training Rec'd: Video, Class Instruction & Hands-On Installation or Video, Class Instruction, & Technician Referral

Reason why hands-on installation training was not provided: _____

Name of permanent fitting station or certified technician the client was referred to for installation assistance: _____