



HOLMES FIRE DISTRICT 1  
8478 STATE ROUTE 39  
MILLERSBURG, OH 44654

HOLMES COUNTY HEALTH  
85 N GRANT ST, SUITE B  
MILLERSBURG, OH 44654

## **CHILD PASSENGER SAFETY PROGRAM APPLICATION**

Holmes Fire District #1 in conjunction with the Holmes County Health District participates in the Ohio Buckeye Buckles program. Through this participation, Holmes Fire District #1 has child passenger safety seats to distribute. We have car seats available for infants and toddlers and booster seats available for children.

- Any family applying to receive a seat must meet the following criteria:
- The child's parent and/or guardian **MUST ATTEND THE 1 HOUR** training program.
- The child must weigh no more than 30 lbs. or you must be in your third trimester of pregnancy in order to qualify for the car seat. A child must weigh between 30 and 65 lbs. in order to qualify for a booster seat.
- The child must be a resident of Holmes County.
- The child must not have received a seat through this program in the last 3 years.
- Applicant meets WIC income guidelines.
- A \$15.00 donation is requested at time of education program.

Upon receipt of this application, the application will be reviewed for eligibility and the applicant will be notified of his/her acceptance. The applicant will then be scheduled for the next available educational program. Program attendance by at least one parent and/or guardian is required to obtain the car seat. Please bring verification of your Medicaid/WIC to the program as well as verification of pregnancy or the child's birth. We will contact you as soon as possible to schedule you for the next available child passenger safety seat class.

Parent/Guardian Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ Number in Family \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Due Date \_\_\_\_\_

Child's Height \_\_\_\_\_ Child's Weight \_\_\_\_\_

Has your child received a car seat from this program in the past 3 years? \_\_\_\_ Yes \_\_\_\_ No

How did you hear about this program? \_\_\_\_\_

Please put information for additional children on second page.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Due Date \_\_\_\_\_

Child's Height \_\_\_\_\_ Child's Weight \_\_\_\_\_

Has your child received a car seat from this program in the past 3 years?  Yes  No

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Due Date \_\_\_\_\_

Child's Height \_\_\_\_\_ Child's Weight \_\_\_\_\_

Has your child received a car seat from this program in the past 3 years?  Yes  No

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Due Date \_\_\_\_\_

Child's Height \_\_\_\_\_ Child's Weight \_\_\_\_\_

Has your child received a car seat from this program in the past 3 years?  Yes  No

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Due Date \_\_\_\_\_

Child's Height \_\_\_\_\_ Child's Weight \_\_\_\_\_

Has your child received a car seat from this program in the past 3 years?  Yes  N

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Due Date \_\_\_\_\_

Child's Height \_\_\_\_\_ Child's Weight \_\_\_\_\_

Has your child received a car seat from this program in the past 3 years?  Yes  N