



Public Health

Prevent. Promote. Protect.

Pike County General Health District

Pike County General Health District

Environmental Health Division

116 S. Market Street

Waverly, Ohio 45690

Phone 740-947-7721 Fax 740-947-1109

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OHIO BUCKLES BUCKEYES DISCOUNT CAR SEAT APPLICATION

Date: _____

Name of child to receive car seat: _____

Is child on Medicaid or WIC? YES or NO

Child's date of birth: _____ Age: _____ Weight: _____ Height: _____

Person applying for car seat: _____ Relationship to child: _____

Address: _____ City: _____ Zip: _____

County: _____

Phone: _____

Please answer the following questions completely, list everyone in your household and complete all applicable sections. Failure to do so may result in ineligibility.

<u>Name (First, Last)</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Employer/Source of Income</u>	<u>Gross Income Amount per Month</u>

What kind of car seat does the child currently have? _____

What kind of vehicle do you have? Make: _____ Model: _____ Year: _____

Have you ever received a car seat or car seat education from this program before? YES OR NO

Does your car have working seat belts? YES OR NO

By signing this application, I agree to give documentation and verification of the information in this application if asked. I give my consent to the Pike County General Health District to make whatever contacts are necessary to determine my eligibility. I affirm under penalty of perjury that the above information on the application is true and complete to the best of my knowledge.

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN NAME (PRINT PLEASE): _____

You must be income eligible to receive an Ohio Buckles Buckeyes car seat. You will be required to show proof of income when you receive the seat. If your phone number changes, you must call 947-7721 to notify us of this change. If you fail to notify us of your new phone number and you cannot be contacted, we will contact the next person on the list. Seats will not be held.