



HOCKING · ATHENS · PERRY
COMMUNITY ACTION

Ohio Buckles Buckeyes Car Seat Application
(Please use a separate application for each child/seat)

3 Cardaras Drive
PO Box 220
Glouster OH 45732

T: 740-767-4500
T: 800-686-1093
F: 740-767-1093

Parent/Guardian Name _____ Relationship to child _____

Address _____ City _____ Zip Code _____

County of Residence _____ Telephone# _____

It is your responsibility to notify us if your phone number or address changes. Failure to do so may jeopardize your chance of receiving a car seat.

Name of CHILD to receive car seat _____

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

Is this child receiving WIC Benefits? YES NO

Please answer the following questions completely. Failure to do so may result ineligibility.

Name of everyone
in household (last, first) _____ DOB _____ Sex _____ Employer/Source of Income _____ Gross Amount _____

What kind of car will the car seat be installed in? Make _____ Model _____ Year _____

Does your car have working seatbelts? Yes No

Have you ever received a car seat or car seat education from this program before? Yes No

Do you or anybody else smoke in the car when this child is present? Yes No

By signing this application, I agree to give documentation and verification of the information in this application. I give my consent to Athens - Hocking - Perry Community Action to make whatever contacts are necessary to determine and verify my eligibility. I affirm under penalty of perjury that the above information on this application is true and complete to the best of my knowledge.

Signature _____ Date _____

Do not write below this line

Date Received _____ Date First Contact _____ Date Second Contact _____ Seat Type _____