

Seminole County SAFE KIDS Coalition
 150 BUSH BLVD. ● SANFORD, FL 32773

SAFE KIDS Buckle Up PROGRAM APPLICATION

Client Information: _____ **Date Received:** _____
Name: _____

Address: _____
 # Street City Zip Code

Phone: () _____ **Emergency:** () _____

Where did you hear about this program? _____

1 - RESIDENCY

Florida Drivers License #: _____ Florida State ID Card #: _____

(OR *) * Most recent:

___ Phone Bill ___ Electric Bill ___ Gas Bill ___ Other (Explain) _____

2 - ELIGIBILITY:

___ Food Stamps # _____ Medicaid # _____
 ___ WIC # _____ Healthy Start Client _____
 ___ Clinic Card # _____
 ___ Other (Please Explain) _____

3 - PLEASE CHECK APPROPRIATE SPACE:

___ Parent
 ___ Foster Parent or Grand Parent
 ___ Agency Representative - Which Agency? _____

4 - CHILD/CHILDREN

Age _____ **Unborn Child** Age _____ **Baby's Due Date:** _____
 Weight _____ Weight _____ Weight _____ Weight _____

5 - CAR

Primary Year _____ Make _____ Model _____
Secondary Year _____ Make _____ Model _____

ANNUAL HOUSEHOLD INCOME GUIDELINES

Monthly	Total Income	Total # in Household	Ethnic Origin (Optional)
\$1,074	\$12,885	1	_____ African American
\$1,451	\$17,415	2	_____ Hispanic
\$1,829	\$21,945	3	_____ Asian American
\$2,206	\$26,475	4	_____ Native American/Alaska Native
\$2,584	\$31,005	5	_____ Caucasian, not Hispanic origin
\$2,961	\$35,535	6	_____ Other (Specify)
\$3,339	\$40,065	7	_____
\$3,716	\$44,595	8	_____

**** For Family member with more than 8, add \$4,530.00 for each member ****

Is this the first child safety seat your family has ever used? **Yes** _____ **No** _____

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\$ _____ - This donation is given to help offset costs of child restraint seats and Continuation of program.

****ONLY - Check or money order is accepted, made to the order of "SAFE KIDS Seminole County Coalition"*****

_____ Total number of seats obtained. Date Scheduled: _____

SAFE KIDS SEMINOLE COUNTY COALITION

Liability Release Form For Give-Away/Discount Program

To be filed out at Installation of Car Seat

SKSC Coalition operates a child safety seat distribution and education program. One of its purposes is to make available to the community a number of child-restraint safety devices for use in motor vehicles for infant or young child. SKSC Chapter is not a dealer in this type of goods, and makes no warranty, expressed or implied, as to the fitness of said seat.

The following items must be initialed by recipient:

1. ____ I have been instructed and understand the correct way to secure a child in _____ (name of child restraint device) and Model #_____. I also have been instructed and understand the correct way to secure the child restraint device in a vehicle.

2. ____ I have been given a copy of the manufacturer's instructions and will use the child restraint device according to those instructions at all times. I also understand that if I do not use the child restraint device as stated in the manufacturer's instructions, the restraint may not be effective in a crash.

3. ____ I understand that if the child restraint device has been in a crash, it may no longer be effective and should be replaced. I also understand that if the child restraint device is in a crash, I will return it immediately to SKSC for a replacement restraint at an additional charge of \$_____.

Please sign on the line provided indicating that you have read this form and fully understand it and accept the conditions set forth. By your participation in this program, you agree to accept any and all responsibility for the installation and use of the child restraint device.

Please print name of Recipient

Signature of Recipient

Date

Signature of Recipient

At the present time, I am financially unable to give a donation for the car seat I am receiving for my child.
