Guidelines for Child Safety Seat/Helmet Donation

These guidelines are intended to be used to determine eligibility for a car seat donation from SAFE KIDS Anoka County. SAFE KIDS Anoka County is a volunteer organization, funded by grants and donations. One of the objectives of our organization is to assist parents in our community with proper use and installation of child safety seats. This includes education, demonstration and assistance with installation. In certain circumstances, it is desirable that the parent utilize a replacement safety seat.

In this case, the options are: (1) the parent may choose not to replace the seat; (2) the parent may choose to go to a retailer to purchase a replacement seat; (3) the parent may request a seat from a SAFE KIDS member at a car seat clinic for a $10 donation if guidelines are met. If you do not meet the income qualifications, please see the recommended donation guidelines below.

Car seats are available to families whose income falls within these guidelines. Please indicate your current gross income before deductions. If your income falls within the indicated guidelines, you are eligible to receive a child safety seat for a $10 donation.

I certify that my household meets the criteria indicated. You must complete the back side of this form to receive a seat.

My household does NOT meet the above criteria. I would like to request a seat from the coalition and offer a donation.

RECOMMENDED GUIDELINES FOR DONATIONS IF YOU DO NOT MEET THE CRITERIA FOR A $10 CAR SEAT.

| Convertible Seat | $55 |
| High-Back Booster w/ harness | $55 |
| Belt Positioning Booster | $28 |

PLEASE MAKE CHECKS PAYABLE TO: SBM FIRE DEPARTMENT

REPLACEMENT SEAT INFORMATION:

- Infant only
- Convertible
- HB w/harness
- HBB - NO harness
- No back booster

Donation amount: ____________

Check #: ____________

Program seat used: MN DPS Grant Coalition Seat
FOR CAR SEATS ONLY: To receive a donation of a car seat, please complete the following information.

Name ________________________________________________________________
Address __________________________________ City __________________ Zip __________
Daytime Phone Number __________________________________________________
How old is the child that will be receiving the seat? ______ Height _______ Weight _______
Who is your medical insurance provider? ________________________________
Your vehicle is a? Year _______ Make _____________________ Model ___________________

Clinic Location and Date

Car Seat Manufacturer

Car Seat Model Number

Car Seat Manufacture Date

Registration card completed? □ Yes □ No
Parent installed CSS? □ Yes □ No
Educational materials provided? □ Yes □ No
Reviewed discussion items? □ Yes □ No
(Bulky clothing, aftermarket products, hazards inside vehicle, turn around time, arm rest, next step education)
Donation Collected? □ Yes □ No

Technician Name________________________________________________________ Certification # __________________________

Parent’s Signature __________________________________________________________________

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