



Referral Application Car Seat or Booster Seat

For Office Use Only
Appointment
Date _____
Time: _____

DO NOT give referral to caregiver. For internal use only. Forms will not be accepted from caregiver, only from referring agency.

Electronically completed referrals: email to jeantriest@monroecounty.gov or fax to (585) 324-1203

Caregiver must contact Jean at (585) 753-3018 to schedule an appointment

Caregiver's Name _____ Phone _____

Address _____ City _____ NY Zip _____

Relationship to Child Mother Father Legal Guardian Email _____

Caregiver receives WIC Medicaid SNAP SSI Temporary Assistance

Other _____

**Provide the following information for the child(ren) who are in NEED of a car seat or booster seat.
It is important for the child(ren) to attend for proper fitting in the seat.**

If possible, come with the vehicle most frequently used to transport the child(ren).

Expectant Mother No Yes Due Date _____

Child's Name _____ DOB _____ Weight _____ Height _____
Leave blank if unknown

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Leave blank if unknown

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Leave blank if unknown

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Leave blank if unknown

I understand and agree that the sole purpose of this program is to help reduce the incidence of improper installation of child safety seats; I also understand that statistics show that a properly used child safety seat can reduce fatal injury by 71% for infants and by 54% for toddlers. However, I understand that this inspection is being provided as a free service to me; that this program cannot fully evaluate the quality, safety, or condition of my car safety seat or any device or component of my vehicle, including the seats or safety belts; and that this program cannot guarantee my child's safety in a vehicle collision. For these reasons, Monroe County and all other sponsoring organizations cannot guarantee that any car seat checked today is constructed without defects. On behalf of myself and my child who uses the car seat, I hereby agree to hold harmless Monroe County and all sponsoring organizations, their officers, employees, agents, servants and any volunteers from and against any and all liability, damages, costs or expenses, causes of action, suits, judgments, losses and claims of every name Not described, including attorney's fees and disbursements, brought against the County or any sponsoring organization which may arise from this program, a vehicle collision or otherwise.

Caregiver's Signature _____ (to be signed at the appointment)

Date _____

Agency _____ Phone _____

Contact _____ Email _____

To be filled out by the Child Passenger Safety Technician: _____

child present? Yes No

participant's vehicle? Yes No

CPS TECHNICIAN NAME

10/2018

Vehicle Make _____ Model _____ Year _____

D		

Front Passenger Air Bag Yes No On/Off Switch Yes No If yes, is air bag disabled? Yes No

Advanced Airbag Yes No Side Impact Air Bags Yes No

Back LATCH System in Vehicle Yes No Registration Card Completed Yes No

3rd Row Caregiver installed car seat Yes No Educational Material: Installing Child Safety Seats

Seat Make _____ Model # _____ Manufacture Date _____

Seat Make _____ Model # _____ Manufacture Date _____

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Seat Make _____ Model # _____ Manufacture Date _____

Type of Seat Infant Convertible Forward Facing Only Booster Other: _____