



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# \_\_\_\_\_

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 \_\_\_\_\_

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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

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Date Received \_\_\_\_\_ Date First Contact \_\_\_\_\_ Date Second Contact \_\_\_\_\_ Seat Type \_\_\_\_\_