

**Oswego County Traffic Safety Board  
Car Seat Application**

**Disclaimer:**

The car seat program is intended for income-qualified residents of Oswego County and is provided by grant funds from the Governor's Traffic Safety Committee. Proof of eligibility is required and outlined below. Oswego County Traffic Safety Board reserves the right to limit the number of seats to each family based on funding and previous program participation.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Total # in Household \_\_\_\_\_ Parent/Guardian 1: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Age: \_\_\_\_\_

Other Adults in Household: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Safety Seat # \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Safety Seat # \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Safety Seat # \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Safety Seat # \_\_\_\_\_

If child is unborn, your due date: \_\_\_\_\_

How did you hear about this program?: \_\_\_\_\_

-Income from **all** sources for **all** adults in household

Your wages per week: \_\_\_\_\_ Disability: \_\_\_\_\_

Other adults' wages per week: \_\_\_\_\_ Worker's Comp: \_\_\_\_\_

DSS Cash Assistance per month: \_\_\_\_\_ SSDI: \_\_\_\_\_

HUD: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Food Stamps: \_\_\_\_\_

Race (optional):

African American

Hispanic

Asian American/Pacific Islander

Native American/Alaska Native

Caucasian, not of Hispanic origin

Other (specify) \_\_\_\_\_

Car(s) in which you will typically use your child safety seat

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

**By accepting this car seat you are swearing to the truth of these qualifications and you agree to not sell the car seat or attempt to return it to any retail locations.**

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Official Use Only Below**

Agency Name: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Signature: \_\_\_\_\_