



## 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.

	Household Size	Yearly \$	Monthly \$	Weekly \$
<input type="checkbox"/>	1 (up to)	22,311	1,860	430
<input type="checkbox"/>	2 (up to)	30,044	2,504	578
<input type="checkbox"/>	3 (up to)	37,777	3,149	727
<input type="checkbox"/>	4 (up to)	45,510	3,793	876
<input type="checkbox"/>	5 (up to)	53,243	4,437	1,024
<input type="checkbox"/>	6 (up to)	60,976	5,082	1,173
<input type="checkbox"/>	7 (up to)	68,709	5,726	1,322
<input type="checkbox"/>	8 (up to)	76,442	6,371	1,471

**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.**

<b>RECOMMENDED GUIDELINES FOR DONATIONS IF YOU DO NOT MEET THE CRITERIA FOR A \$10 CAR SEAT.</b>	
Convertible Seat	\$55
High-Back Booster w/ harness	\$55
Belt Positioning Booster	\$28

**PLEASE MAKE CHECKS PAYABLE TO: SBM FIRE DEPARTMENT**

<b>OFFICE USE ONLY</b>	<b>OFFICE USE ONLY</b>	<b>OFFICE USE ONLY</b>	<b>OFFICE USE ONLY</b>
<b>REPLACEMENT SEAT INFORMATION:</b>	<input type="checkbox"/> Infant only	<input type="checkbox"/> Convertible	<input type="checkbox"/> HB w/harness
	<input type="checkbox"/> HBB - NO harness		<input type="checkbox"/> No back booster
Donation amount: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check #: _____	
Program seat used: <input type="checkbox"/> MN DPS Grant	<input type="checkbox"/> 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 \_\_\_\_\_

**OFFICE USE ONLY    OFFICE USE ONLY    OFFICE USE ONLY    OFFICE USE ONLY**

Clinic Location and Date

Car Seat Manufacturer

Car Seat Model Number

Car Seat Manufacture Date

  Convertible     HB w/Harness     HB Booster

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 \_\_\_\_\_