



**TULARE COUNTY  
HEALTH & HUMAN SERVICES AGENCY**

Jason T. Britt, M.S. • Agency Director

Referral #:

Maternal Child Adolescent Health Coordinator 1062 South K St, Tulare, CA, 93274 Ph: (559) 685-2275 Fax :( 559) 713-3700

**MATERNAL CHILD ADOLESCENT HEALTH PROGRAMS  
CAR SEAT SAFETY PROGRAM  
REFERRAL FORM**

Date:		Name/Title of Person Completing Form:	
Agency/Facility:		Phone:	Fax:
<b>PARENT/GUARDIAN INFORMATION</b>			
Parent/Guardian's Name:		D.O.B	
Phone:			
City:		ZIP Code:	
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____			
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> SE Asian <input type="checkbox"/> Pac. Islander <input type="checkbox"/> Other _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>INFANT/CHILD INFORMATION</b>			
Infant/Child name:		EDC /DOB:	
1.			
2.			
3.			
4.			
<b>ASSESSMENT FOR ELIGIBILITY</b>			
1. Client is a Tulare County resident		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Client lacks the resources to access a car seat; receiving income qualified program( WIC, Medi-Cal, Cash Aide)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Parent, foster or legal guardian of a the <b>child</b> OR in Third trimester of pregnancy		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Client will attend a 2 hour educational class		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. <b>Client owns his/her own car seat &amp; wants to receive EDUCATION ONLY</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>*If answer is No to any questions 1-4 client is not eligible for services.</b>			
<b>OFFICE USE ONLY</b>			
Geographical Area <input type="checkbox"/> Visalia <input type="checkbox"/> Tulare <input type="checkbox"/> Earlimart <input type="checkbox"/> Dinuba <input type="checkbox"/> Other _____			
Coordinator Review	Date: _____ Approved <input type="checkbox"/> Yes <input type="checkbox"/> No		
Assigned Class	Date: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> English <input type="checkbox"/> Spa/Time _____		



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**MATERNAL CHILD ADOLESCENT HEALTH PROGRAMS  
CAR SEAT SAFETY PROGRAM  
OVERVIEW & ELIGIBILITY CRITERIA**

**Car Seat Safety Program Overview:**

Our goal is to increase community education and safety awareness of vehicle child safety by providing a car seat (as needed), educational materials and training for parents or guardians. The objective is to increase vehicle safety among Tulare County children.

**Eligibility**

Parents or guardians may be eligible for services if they meet the following criteria:

- Tulare County resident
- Lacks the resources to access a car seat
- Receiving income qualified services (WIC, Medi-Cal, Cash Aide)
- Parent, foster or legal guardian of the child
- Third trimester of pregnancy
- Willing to attend a 2 hour educational class

**Definitions**

- **EDC**=Estimated Date of Confinement (estimated date of delivery)