

Michigan Office of Highway Safety Planning Car Seat Program Eligibility Form

As the parent or legal guardian of the child/children attending the car seat check, I certify the children receiving free car seats are **CURRENTLY** enrolled in the following program or programs.

- Referral from health department or other agency
- Women, Infants, and Children (WIC)
- Partnership. Accountability. Training. Hope. (PATH) Cash Assistance
- Refugee Assistance Program
- Children's Special Health Care Services
- MI Child
- Head Start or Great Start
- Medicaid
- Children with Special Needs Fund
- Maternal Infant Health Provider (MIHP) services (or other home visitor program)
- Native American Outreach Program
- Family Independence Programs
- Social Security/Disability
- Bridge Card/food assistance
- Emergency replacement after fire, flood or crash (crash report or fire report required)
- Court referral or other court document
- Proof of child in foster care by foster parent or reunification plan
- Other program, please explain \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

Technician name: \_\_\_\_\_

\_\_\_\_\_ I have verified enrollment of the children receiving free car seats by proof of enrollment form, card, online status, or other documentation.

\_\_\_\_\_  
Technician signature

\_\_\_\_\_  
Date