



Application

TODAY'S DATE:

___/___/20___

CONTACT INFORMATION:

Full Name _____

Street Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

Phone: _____ Email: _____

APPLICATION INFORMATION:

Medical Coverage (circle one): *Medicaid OMCFH Private Insurance None*

Currently Pregnant? (circle one): *Yes No* If **YES**, due date: _____

Family Size (circle one): *Small (1-2) Medium (3-4) Large(5+)*

Number of Children: _____ Age of Children: _____

Height & Weight of Children in Need of Car Seats: _____

Family Income (per month): _____

Are you willing to be contacted by WV Healthy Start/HAPI Project & RFTS to discuss available services for a healthy pregnancy? (circle one): *Yes No*

How did you hear about this offer? (circle one below):

TV - Radio - Newspaper - Friend - Service Provider - Doctor/Medical Provider - Other

Please provide us with your service provider's name and number:

When will you be using this car seat? (circle one below):

2-4 Weeks 1-2 Months 2+ Months

Due to overwhelming need and funding constraints, Buckle Your Baby for Life cannot supply car seats to all applicants.

ATTENTION: *If you are chosen to receive a car seat, you will need to arrange to pick it up. Your application will expire after 30 days; you can reapply after that time. Only recipients will be contacted. We will only be distributing convertible car seats 5 - 40 lbs.*

MAIL TO: Buckle Your Baby for Life
315 High Street
Morgantown, WV 26505

304-296-3636
contact@buckleyourbabyforlife.org