

## Ohio Buckles Buckeyes Car Seat Program

The Ohio Department of Health's child passenger safety (CPS) program, Ohio Buckles Buckeyes (OBB), provides child safety seats and booster seats to eligible low income families in all Ohio counties.

The overall goal of this program is to increase the availability of child safety seats for families who could not otherwise afford them and to increase correct installation and proper use of child safety seats.

### Requirements for OBB Program

In order to receive an OBB seat, families who are income-eligible\* must attend an educational class provided by trained local CPS staff. In this session, the parent / caregiver(s) receives important education on how to properly use the car seat for their child, and they are instructed on how to correctly install the car seat in their vehicle.

*\*income must be within WIC guidelines although recipient does not need to be enrolled in WIC*



For more information,  
contact your local OBB coordinator at:  
Marietta/Belpre Health Department  
304 Putnam Street  
Marietta, Ohio 45750  
(740) 373-0611 ext 2301

### Did you know?

- Motor vehicle crashes are the leading cause of childhood fatalities in the U.S.
- At least 3 out of 4 car seats are not used correctly, putting children at risk for injury or death.
- It's the law! In Ohio, children must be properly restrained in a child safety seat until they are at least 4 years old and 40 pounds. Then they must ride in a **child safety seat or booster** seat until they reach 8 years old or 4 feet, 9 inches tall.

To see if you qualify to receive WIC based on your income, go to <https://www.odh.ohio.gov/odhprograms/ns/wicn/weligible.aspx>

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### CAR SEAT APPLICATION

Please answer the following questions completely. You must attend the required 2-hour class in order to receive a car seat. Someone will call you as soon as the next class is scheduled.

Expectant Parent (Yes) \_\_\_\_\_ **OR**  
Child's Name (to receive car seat) \_\_\_\_\_  
Child's Date of Birth \_\_\_\_\_ Child's Age \_\_\_\_\_  
Child's Weight \_\_\_\_\_ Child's Height \_\_\_\_\_

Is this child enrolled with Medicaid? (Yes or No) \_\_\_\_\_  
Is this child enrolled with WIC? (Yes or No) \_\_\_\_\_

You will be required to show proof of income when you receive the car seat. If you answered No to the Medicaid and WIC questions you will be contacted about income eligibility.

Is this child enrolled in the Help Me Grow program? (Yes or No) \_\_\_\_\_

What kind of car seat is this child currently using? \_\_\_\_\_

Have you ever received a car seat or car seat education from this program before? (Yes or No) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
OH, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Alternate contact name \_\_\_\_\_ Alternate contact phone \_\_\_\_\_

What kind of car do you drive? Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Does your car have working seatbelts? (Yes or No) \_\_\_\_\_

Comments and/or questions:

**OFFICE USE ONLY:**

RECEIVED:		Car Seat Requested	
1 <sup>ST</sup> CONTACT		2 <sup>ND</sup> CONTACT	FINAL CONTACT
OUTCOME			