

# PLAY IT SAFE- CAR SEAT/BOOSTER SEAT PROJECT



## Steuben County Sheriff's Office

Telephone: (607) 622-3911

FAX: 607-776-7671

In collaboration with:  
Steuben County Public Health  
Healthy Families of Steuben



Funded by the National Highway Traffic Safety Administration with a grant from the New York State Governor's Traffic Safety Committee

FREE convertible car seats, forward-facing car seats (with harness straps) and booster seats are made available for income-eligible families living in Steuben County. Income eligible families are those meeting WIC, DSS, SS, Medicaid, Food Stamps, or Head Start income guidelines (see attached).

**Families interested in obtaining a seat may fill out the attached application and return it to Steuben County Sheriff's Office.**

Families must be willing to commit to the following:

- Plan to come to the distribution site to pick up their car seat and receive training on proper usage (having the vehicle that the seat will be installed into and the child is preferred). The child needs to be present for proper installation.
- One child seat per child is allowed.

**Mail or fax completed application and direct any questions to:**

## Steuben County Sheriff's Office

Attn: Sgt. Matthew Sorge  
7007 Rumsey Street Extension  
Bath, NY 14810  
**Main Number:** (607) 622-3911  
**Toll Free:** 1-800-724-7777  
**FAX:** (607) 776-7671

# PLAY IT SAFE PROJECT

## INCOME GUIDELINES

Income verification is required to determine eligibility to receive Car Seats and Booster Seats. If the parent is eligible for the following programs they are eligible for one free seat per child:

**Public Assistance, Medicaid, WIC, Food Stamps, SSI or Headstart**

**Or** if their gross income falls below 200% of the Federal Poverty guidelines (use paystubs):

# of People in Family	Yearly Income (Gross)*	Monthly Income (Gross)
1	\$24,980	\$2,082
2	\$33,820	\$2,818
3	\$42,660	\$3,555
4	\$51,500	\$4,292
5	\$60,320	\$5,027
6	\$69,180	\$5,765
7	\$78,020	\$6,502
8	\$86,860	\$7,238

\*2020 Poverty Guidelines, confirmed 12/27/19

# 2020

## Car Seat/Play It Safe Project for Income-Eligible Clients

Name Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child:  Parent  Guardian  Foster Parent

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: Very important for setting up an appointment for car seat(s)

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Message: \_\_\_\_\_

Please list all children who are under the age of eight.

Are you pregnant? Please give due date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child #1 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Child #2 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Child #3 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Automobile seat will be used in: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

How did you hear about the PLAY IT SAFE Project? \_\_\_\_\_

Income Verification: (Please check ALL that apply)

DSS Client:  TANF  SNAP  Medicaid  Foster Care  CPS  Other: \_\_\_\_\_

Please provide DSS Caseworker name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Non-DSS:  Pay stubs  Head Start Services  WIC  Other: \_\_\_\_\_

Signature of person completing this application:

Name \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to: **Sgt. Matthew Sorge**  
Steuben County Sheriff's Office  
7007 Rumsey Street Extension, Bath New York 14810  
Or fax to 607-776-7671