

Child Passenger Safety Referral Sheet

Phone: (518) 295-8762 Fax: (518) 295-8786

Date: _____

Referred by: _____ Phone number: _____

Agency: _____

Contact Information

Parent/ Guardian's Name: _____ Phone Number: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Total Number of Seats Needed: _____

Primary language: _____ Family aware of referral: Yes No

Income Eligibility: DSS _____ Medicaid _____ WIC _____

Any Information That Should Be Noted: