Application for Child Safety Seat
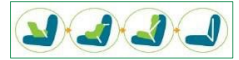
Primary Parent/Legal Guardian Information:

First Name [   ]   Middle [   ]   Last Name [   ]

Birth Date [   ]   Last 4 Social Security Numbers [   ]

Street Address: [   ]   Mailing Address: [   ]

[   ]   [   ]

City: [   ]   City: [   ]

State: [   ]   Zip Code: [   ]   State: [   ]   Zip Code: [   ]

Check if mailing address is the same as the Street Address   Yes   No   (If No, provide mailing address.)

Virginia Resident   Yes   No   Student Visa   Yes   No   Primary Language [   ]

Homeless   Yes   No   Tourist Visa   Yes   No   Relationship of Primary Parent/Guardian to Child:

H1-B Visa   Yes   No   Mother   Father   Legal Guardian   Foster Parent

Email Address [   ]

Home Telephone [   ]   Mobile [   ]   Work [   ]

Related Parent/Legal Guardian Information:

First Name [   ]   Middle [   ]   Last Name [   ]

Birth Date [   ]   Last 4 Social Security Numbers [   ]

Street Address: [   ]   Mailing Address: [   ]

[   ]   [   ]

City: [   ]   City: [   ]

State: [   ]   Zip Code: [   ]   State: [   ]   Zip Code: [   ]

Check if mailing address is the same as the Street Address   Yes   No   (If No, provide mailing address.)

<u>Related</u> Parent/Legal Guardian Information   (continued from page 1)

Virginia Resident   Yes   No   Student Visa   Yes   No   Primary Language

Homeless   Yes   No   Tourist Visa   Yes   No   Relationship of Primary Parent/Guardian to Child:

H1-B Visa   Yes   No   Mother   Father   Legal Guardian   Foster Parent

Email Address

Unborn Child: Due Date

Child's Information:

Child's First Name   Middle   Last Name

Birth Date: Age Years: Age Months: Weight: Height in Feet: Height in inches:

Medical Condition:

Legal Custody: Mother   Father   Foster Parent   Legal Guardian   Court Documentation Description:

Ethnicity: Hispanic   Non-Hispanic

Child's Race: African American   Caucasian   Asian   Native American   Biracial   Other

I or my child receives: FAMIS   WIC   Medicaid

SNAP   TANF   School Lunches

Meets LISSDEP Income Level Guidelines

Applicant is willing to attend safety seat training session in its entirety: Yes   No

Applicant Signature: _____   **Date:** _____