



Public Health
Prevent. Promote. Protect.
Jones County, Iowa

Car Seat Program Application

Jones County Public Health has car seats and booster seats available for families who may need one in order to safely transport their child(ren). This program can be accessed once per family.

To qualify for this program, applicants must meet the following criteria:

- Must not already have a car seat or booster seat that meets the height/weight requirements of the child.
- Must be the primary caregiver for the child(ren).
- Must be a Jones County resident.
- Must be covered by Medicaid or be at or below 300% of the federal poverty guideline.
- Must not be involved with a DHS child protection case (there are other funds to help in this situation).
- Must be willing to enroll in the Jones County Points Program if not already a participant. Registration form available at www.jonescountyiowa.gov/public_health/points_program

Name: _____

Address (Street, City, Zip): _____

Email: _____ Phone: _____

Are you the primary caregiver? Yes No

Are you covered by Medicaid? Yes No

What is the approximate yearly income of your family? _____

Are you currently involved in a DHS child protection case? Yes No

If yes, who is your assigned case manager? _____

Household Size

Number of adults: _____

Number of children: _____

Car Seat/Booster Seat Request

Please provide the information requested below for each child who needs a car seat or booster seat. If there are more children, please attach additional sheets. If you are currently pregnant, use your due date as the date of birth (DOB).

Child's Name: _____ DOB: _____

Height: _____ Weight: _____

I need a:

- Newborn Car Seat
- Convertible Car Seat
- Other: _____
- High Back Booster Seat
- Backless Booster Seat

Child's Name: _____ DOB: _____

Height: _____ Weight: _____

I need a:

- Newborn Car Seat
- Convertible Car Seat
- Other: _____
- High Back Booster Seat
- Backless Booster Seat

Child's Name: _____ DOB: _____

Height: _____ Weight: _____

I need a:

- Newborn Car Seat
- Convertible Car Seat
- Other: _____
- High Back Booster Seat
- Backless Booster Seat

I hereby certify this application is complete to the best of my knowledge and all information given is true and contains no misrepresentations. Recipients are responsible for checking for recalls and ensuring the safety of the product for use by their child, and will not hold Jones County Public Health liable for any problems that occur as a result of items received from our program.

Applicant Signature: _____ Date: _____