



The Baby Fold  
MCD Car Seat Grant  
Car Seat Referral Form

Fax or mail referrals to: **Dara Williamson \* fax 309-454-9257 \* 612 Oglesby Ave, Normal, IL 61761**

Email: [dwilliamson@thebabyfold.org](mailto:dwilliamson@thebabyfold.org)

Phone: **309-454-1770**

<b>Referral Source:</b>	Date of referral: _____
Name/Title: _____	
Agency/Program: _____	
Phone: _____	Email: _____

PARENT MUST BE PRESENT TO PICK UP CAR SEAT

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (must be a McLean County resident): \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Eligibility (Proof and ID required at time of pick up):

- Family must live in McLean County
- Parents must meet financial guidelines in order to receive a free car seat (refer to 2<sup>nd</sup> page)

Please indicate program(s) family is currently utilizing:

☐ Medicaid ☐ WIC ☐ SNAP ☐ TANF ☐ Child Care Assistance ☐ Subsidized housing

\*\*\*If not utilizing any of these programs, does the family meet US Poverty Guidelines? ☐ Yes ☐ No

\*\*\*Is the primary income earner currently unemployed? ☐ Yes ☐ No

*By signing below, I verify that the family receiving the car seat meets the above eligibility requirements*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NO WALK-IN APPOINTMENTS

Comments: \_\_\_\_\_

\_\_\_\_\_

Car Seat needed (check all that apply):

☐ Infant rear facing (5-22lbs) ☐ Convertible (RF 5-35lbs; FF 20-40lbs) ☐ Low booster (40-100lbs) ☐ High booster (20-50lbs)

**Info of child(ren) receiving seat:**

1. Child's name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
DOB: _____ Weight: _____	Height: _____
2. Child's name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
DOB: _____ Weight: _____	Height: _____
3. Child's name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
DOB: _____ Weight: _____	Height: _____

Office Use:

Date/Time of car seat pick-up: \_\_\_\_\_

Comments:

Eligibility for a free car seat:

- 1) Family must be a McLean County resident.
- 2) Must be able to come at scheduled time to pick up car seat and receive instructions.
- 3) Parents must meet one of the following income eligibility requirements in order to receive a free car seat:
  - Receive WIC
  - Receive SNAP/Food Stamps
  - Receive Child Care Assistance
  - Receive Medicaid
  - Receive TANF
  - Subsidized housing
  - Meet US Poverty Guidelines:

<b>Persons in family/household</b>	<b>Poverty guideline</b>
<b>1</b>	\$11,170
<b>2</b>	15,130
<b>3</b>	19,090
<b>4</b>	23,050
<b>5</b>	27,010
<b>6</b>	30,970
<b>7</b>	34,930
<b>8</b>	38,890
For families/households with more than 8 persons, add \$3,960 for each additional person.	

Proof of income and/or participation in assistance program (listed above) is REQUIRED. This can be in the form of medical card, WIC coupon, TANF letter, paystub, etc.

Have questions? You can contact Dara Williamson at The Baby Fold: 309-557-1054 or [dwilliamson@thebabyfold.org](mailto:dwilliamson@thebabyfold.org)