



Police Department

CAR SAFETY SEAT APPLICATION

Submit information about yourself or someone else in need that could use the help of the Rome Police Department in acquiring a car safety seat.

Online submission of application is preferred. Email application to: cdehart@romepolice.com.

You may also drop off a printed copy of the application at the front desk, 375 Technology Parkway, Rome GA 30165. *If sending electronically, only page 2 of the application must be submitted.*

We do not update your application status once an application has been submitted. Remember – we receive multiple applications each year, and have a limited inventory of car safety seats.

If you are selected, you will be notified by our selection committee for a personal interview. For a new car seat, you is recommended that you are a resident of Floyd County; regardless, you must be in financial need. You must also be the **Primary Caregiver**. If you have been deceptive in any way, your application will be deemed ineligible. If selected, you will be **required** to attend a 1-hour training session about car seat safety prior to the issuance of a new safety seat. Car Safety Seat Training Classes are provided on the **second Tuesday** of each month unless otherwise noted.

If you submit any information to us, including any comments, remarks, suggestions, ideas, notes, drawings, graphics, concepts, data, or other information, you are giving that information and all your rights in it to the Rome Police Department, free of charge. You hereby sign all rights, title, and interest in and to that information to the Rome Police Department, and that information will be treated as non-confidential and non-proprietary and may be used by the Rome Police Department for any purpose, without your consent or any compensation to you or anyone else. This is true whether you submit such information to us in person, by email, through a form on the website, on a bulletin board, message board, and/or blog or in any other manner. Please do not submit or transmit any material that is unlawful, threatening, libelous, defamatory, obscene, pornographic, profane, or might in any other way violate any law. The Rome Police Department may from time-to-time monitor and review and, in its sole discretion, modify or delete any postings you make may make on the RPD website and/or social media pages. However, the Rome Police Department is not obligated to do so. Whether or not we modify or remove such material, you remain solely responsible for any material you submit to us. Through your usage of our website and/or social media pages, you may submit, and the Rome Police Department may gather certain limited information about you and your website usage. The Rome Police Department is free to use such information for any purpose it deems appropriate.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

PLEASE DO NOT SUBMIT MORE THAN ONE APPLICATION

ROME POLICE DEPARTMENT CHILD SAFETY SEAT APPLICATION

PARENT/GUARDIAN NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	PHONE:
Relation to child(ren):		Are you the primary caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CHILDREN NEEDING SAFETY SEATS:

Child's Name:	Date of Birth:	Current Weight:
Children's Physician:		

Eligibility: (Please check all that apply)

<input type="checkbox"/> WIC <input type="checkbox"/> SSI <input type="checkbox"/> AFDC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid			
INCOME ELIGIBILITY (Must provide 2 pay stubs, or written verification) Up to 120% above Federal Poverty Level			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Monthly Income:</td> <td style="width: 33%;">Family Size:</td> <td style="width: 33%;">Other Income:</td> </tr> </table>	Monthly Income:	Family Size:	Other Income:
Monthly Income:	Family Size:	Other Income:	

Please explain why you require assistance – **this information is required.**

A photo ID as well as supporting documentation must be submitted with this application.

FOR ROME POLICE DEPARTMENT USE ONLY:

CHILD SAFETY SEAT COURSE INFORMATION

Date of course: _____ Instructor Signature: _____