Indian Health Service

RIDE SAFE PROGRAM

2009-2010 Application

General Information

1. Head Start information

Name: _____ Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____ Fax: _____

Email: _____

2. Anticipated 2009-2010 enrollment: New students: _____ Returning students: _____

3. Total number of child safety seats requested for the 2009-2010 Head Start school year: _____

4. Does the Head Start or Tribal facility have available space to store child safety seats prior to the seat distribution? ◯ Yes ◯ No

Ride Safe Program Support Information

5. Ride Safe Program Coordinator Information (Person responsible for the program)

Name: _____ Position: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

6. Who will assist the coordinator with the program?

Name: _____ Position: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

7. Please provide the names, technician numbers and *certificates of any Child Passenger Safety Technician(s) in your community who will be assisting your Ride Safe Program.

Name: _____ Technician number _____ Phone: _____

Name: _____ Technician number _____ Phone: _____

Name: _____ Technician number _____ Phone: _____

* Please include a copy the technician's certificate with your application

8. Have you attached or submitted the following letters of recommendation and commitment?

a. IHS Environmental Health Specialist and/or Injury Prevention Coordinator: ◯ Yes ◯ No

b. IHS Area Office: ◯ Yes ◯ No

c. Region 11, American Indian-Alaska Native Head Start Program: ◯ Yes ◯ No

10. Tribal Finance Information (Contact person for any funds transfers)

Name: _____ Position: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Mandatory Training

11. Who will attend the mandatory Ride Safe Workshop? (If different than the coordinator)

Name: _____ Position: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

12. If flying, please provide the name of the airport that would be used by the Coordinator or alternate person and the driving distance from your Head Start center.

Name of Airport: _____ Distance: _____ miles (one-way).

Community Injury Prevention Capacity and History

13.Has your community participated in the Ride Safe Program in the past? ◯ Yes ◯ No

If yes, did your program submit a:

☐ Ride Safe Safe Program Midyear Progress Report

☐ Ride Safe Program Final Progress Report

14.Does the Tribe operate a child safety seat distribution program through another agency (i.e., WIC, Health Center, IHS or Tribal Hospital)? ◯ Yes ◯ No

If yes, please provide the following information:

Program: _____ Contact: _____

Program: _____ Contact: _____

Program: _____ Contact: _____

15. Are local funding resources other than Ride Safe available for the purchase and distribution of car seats? ◯ Yes ◯ No If yes, please describe the sources.

16. Is there a child safety seat law? ◯ Yes ◯ No If so, does the law cover booster seats? ◯ Yes ◯ No

Is the child safety seat law: ◯ Primary ◯ Secondary

17. Who enforces (Tribal, County, State police) child safety seat laws in the Community?
(Check all that apply)

☐ Tribal Police Department ☐ BIA

☐ County Law Enforcement ☐ State Law Enforcement

18. Has the Head Start participated or implemented any injury prevention projects (Sleep Safe, SNAP, water safety, safe homes) in the past with any agencies (i.e., local fire department, local police department, IHS or Tribal injury prevention coordinators, etc.)? If Yes, Please explain:

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