



Cow Creek Human Services Department

Safety Program: Car Seat/Helmet Reimbursement Request

Date: _____ Parent Tribal Roll #: _____

Parent/Guardian Name: _____

Relationship to the Child: _____

Individual requesting reimbursement must be the custodial parent or legal guardian

Parent/Guardian Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Phone Number: _____

1st Child's Name: _____ Child's Roll #: _____

Item purchased: ☐ Car seat ☐ Helmet

Has the Tribe provided safety reimbursement for this child before? ☐ YES ☐ NO

2nd Child's Name: _____ Child's Roll #: _____

Item purchased: ☐ Car seat ☐ Helmet

Has the Tribe provided safety reimbursement for this child before? ☐ YES ☐ NO

3rd Child's Name: _____ Child's Roll #: _____

Item purchased: ☐ Car seat ☐ Helmet

Has the Tribe provided safety reimbursement for this child before? ☐ YES ☐ NO

4th Child's Name: _____ Child's Roll #: _____

Item purchased: ☐ Car seat ☐ Helmet

Has the Tribe provided safety reimbursement for this child before? ☐ YES ☐ NO

Reimbursement Amounts:

Car seat reimbursement cannot exceed \$100 per Tribal child. Parents may request up to \$280 in car seat reimbursements in a Tribal child's lifetime; limit one per year. Helmet reimbursement cannot exceed \$30 per Tribal child; limit one per year.

Receipt #1: \$ _____ Child's Name(s): _____

Receipt #2: \$ _____ Child's Name(s): _____

Receipt #3: \$ _____ Child's Name(s): _____

Total Reimbursement Requested: \$ _____

Return completed forms to:
Cow Creek Government Office
ATTN: Sophia Gosselin
2371 NE Stephens Street, Roseburg, OR 97470