## **Massachusetts Car Seat Distribution Program – Referral Form**

| this form and submit to  The  | fa<br>lii<br>pa<br>th | amilies in MA along with<br>mited resources benefit t<br>arent/guardian's health i<br>neir child. There is a listin | chusetts Car Seat Distribution Program is to provide car seats to low-income installation assistance and education on their usage. In order to ensure our the most families possible, the referring organization must first check with the insurance provider to see if the member is eligible to receive a free car seat for of car seat benefits for each MassHealth plan on the following page. If the provide a seat, then a representative from the referring organization may fill out |
|---|-----------------------|---|--|
| the referred child, a certified Child Passenger Safety Technician will follow up with the parent/guardian to schedule an appointment. The child should be present for the appointment, if possible, to ensure proper fit. The parent/guardian should also bring their vehicle to the appointment (if they have one). Please note: as a requirement of being provided with a car seat from this program, the parent/guardian must sign a general liability statement.  As a representative of the referring organization, I confirm that I have checked with the parent/guardian and/or child's health insurance provider and the member is not eligible for a free car seat for this child.  As a representative of the referring organization, I understand that the information recorded below will only be used by the | th                    | nis form and submit to _  |  |
| parent/guardian and/or child's health insurance provider and the member is not eligible for a free car seat for this child.  As a representative of the referring organization, I understand that the information recorded below will only be used by the   | th<br>to<br>p         | ne referred child, a certifi<br>o schedule an appointme<br>roper fit. The parent/gua<br>lease note: as a requirem   | led Child Passenger Safety Technician will follow up with the parent/guardian ent. The child should be present for the appointment, if possible, to ensure ardian should also bring their vehicle to the appointment (if they have one). The parent/guardian of being provided with a car seat from this program, the parent/guardian  |
| Organization Contact Name Phone Email  Parent/Guardian Info  Name Town of Residence Car Make+Model Phone Email  Child Info  Due Date or Age Height Weight  Reason for Need  MassHealth Mass General Brigham Plan Member MassHealth Tufts Plan Member MassHealth Fallon Expectant Parent (28+ Weeks) Unable to Obtain Car Seat Before Delivery MassHealth Standard Plan Member MassHealth Limited Plan Member  |                       | parent/guardian and/or seat for this child.  As a representative of the only be used by the                         | child's health insurance provider and the member is not eligible for a free car<br>ne referring organization, I understand that the information recorded below will  |
| Contact Name Phone Email  Parent/Guardian Info  Name Town of Residence Car Make+Model Phone Email  Child Info  Due Date or Age Height Weight  Reason for Need  MassHealth Mass General Brigham Plan Member MassHealth Community Care Cooperative (C3) Plan Member MassHealth Tufts Plan Member MassHealth Fallon Expectant Parent (28+ Weeks) Unable to Obtain Car Seat Before Delivery MassHealth Standard Plan Member MassHealth Standard Plan Member MassHealth Limited Plan Member  |                       |   | Referral Organization Info   |
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| Email  Parent/Guardian Info  Name  Town of Residence  Car Make+Model  Phone  Email  Child Info  Due Date or Age  Height  Weight  Reason for Need  MassHealth Mass General Brigham Plan Member  MassHealth Community Care Cooperative (C3) Plan Member  MassHealth Tufts Plan Member  MassHealth Fallon Expectant Parent (28+ Weeks) Unable to Obtain Car Seat Before Delivery  MassHealth Standard Plan Member  MassHealth Limited Plan Member  |                       |   |  |
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| 140 Health instraince   |                       |   |  |
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## MassHealth Plans - Car Seat Benefit Overview

| Plan                            | Car Seat Benefit  None  | How Members Can Access the Benefit   |  |
|---------------------------------|---|--|--|
| Community Care Cooperative (C3) |   | Customer Service: 866-676-9226   |  |
| Fallon                          | Members are eligible for one convertible car seat per child and can access this benefit by enrolling in the Oh Baby! program anytime prior to the birth or adoption through age 2. Car seat is delivered by mail after birth and is not an infant carrier. No delivery to a PO box. | Call Fallon customer service for information or apply to the program directly online: www.fallonhealth.org/Secure/oh-baby-enroll   |  |
| Health New England (HNE)        | BeHealthy members who are pregnant can call to request a free car seat. One per birth.  | HNE Member Services: 800-786-9999 HNE Maternity Coordinator Joani Arroyo: jarroyo@hne.com  |  |
| Mass General Brigham            | None  | Customer Service: 800-462-5449   |  |
| Steward                         | Children are eligible to receive one car seat and one booster seat per lifetime. Pregnant members are eligible to receive an infant car seat if they are 20+ weeks pregnant.  | Call Member Services at 1-855-860-4949 or fill out the Extra Benefits Form and follow the submission instructions here: www.stewardhealthchoice.org/sites/default/files/Extra%20Be nefits%20Form%20English_Spanish.pdf |  |
| Tufts                           | Tufts Health Together offers parents a \$25 gift card to buy a booster or convertible car seat. The gift card is available to women who are 28+ weeks pregnant or member children up to 8-years-old.  | Call Member Services at 888-257-1985 or fill out the EXTRAS Reward Form and follow the submission instructions here: www.tuftshealthplan.com/documents/members/forms/togeth er-extras-car-seat-form                    |  |
| WellSense                       | Each child between 5-65 lbs. can receive a convertible car seat once per lifetime. Expectant mothers can request a seat up to 45 days prior to their due date. When a child is between the ages of 4-8 years old, they are eligible to receive a booster car seat.                  | Contact Member Services at 1-888-566-0010 to request a car seat. All car seats are shipped directly to the member's home address   |  |