



Redwood Empire Foster Parent ASSOCIATION

Car Seat Reimbursement Request Caregiver

Name: _____
Address: _____
City: _____
Zip Code: _____ Phone Number: _____
Email: _____ Agency: _____
Resource Parent: _____ Kinship: _____ NREFM _____ Placement Information:
Child's Initials: _____ DOB: _____
Placement Date: _____
Social Worker: _____ or EFH Coord. _____

Resource Parents agree that the car seat is the property of the child and stays with them through transition or reunification.