

UCare SEATS Car Seat Exception Request Form

This form should only be used by UCare SEATS Partners to request a car seat exception for members.



SEATS Partner Agency: _____ County: _____ Submission Date: _____
Name of Requestor (Staff from agency): _____ Email: _____ Phone: _____

MEMBER INFORMATION:

UCare ID: _____
First Name: _____ Middle Initial: _____ Last Name: _____ Date of Birth: _____
Address: _____ Phone: _____

Select reason for request:

- Child is older than age 8, but due to very low weight and/or height, a car seat for the child is recommended.
- Other reason:

Please note:

- At this time, preemie and special needs car seats are not available.
- UCare will not replace a seat that was lost, stolen or damaged **after** the seat was distributed to the member.

FAX this form to 612-884-2046 or via **secure email** to SEATS@ucare.org. *Submitting this form does not guarantee that an exception will be made for the member to receive a car seat from UCare. Please allow up to 3 business days for a response (via email to staff requestor). For questions, email SEATS@ucare.org.*

UCare Staff Use Only

Date Reviewed: _____

- Approved
- Denied. Reason: _____

Notes: