

## 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 received a convertible seat less than 3 years ago, but needs an exception due to height and weight: Height (inches) \_\_\_\_\_ Weight (lbs) \_\_\_\_\_  
 Other reason:

\_\_\_\_\_  
\_\_\_\_\_

### **Please note:**

- UCare will not make exceptions to distribute a 3rd car seat with educations from partners if they choose an Infant Carrier for their child
- 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](mailto: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](mailto:SEATS@ucare.org).*

### **UCare Staff Use Only**

Date Reviewed: \_\_\_\_\_

- Approved  
 Denied Reason: \_\_\_\_\_

Notes: