



# free toddler car seat program

Program Requirements: In order to qualify for the toddler car seat, the member must live in the State of New Mexico. The member must be on the Lovelace Community Health Plan Salud! Program before six (6) months of age. The child must be on the plan when they get the toddler car seat. This form must be returned before the child turns one-year-old.

IN ORDER TO QUALIFY FOR THE CAR SEAT, DATES MUST BE ENTERED FOR BOTH:

1. THE IMMUNIZATIONS AND 2. WELL CHILD CHECK UPS

## 1. First 6 Month Schedule – Immunizations

Type of immunization	Date of immunization	Date of immunization	Date of immunization
DTP/dtap	2 month date:	4 month date:	6 month date:
HIB	2 month date:	4 month date:	6 month* date:
IPV	2 month date:	4 month date:	6-15** month date:
HBV	1-2 month date:	1-4 month date:	

Child's Name \_\_\_\_\_

Child's DOB \_\_\_\_\_

Child's LHP Member # \_\_\_\_\_

Child's SSN \_\_\_\_\_

Home Phone Number \_\_\_\_\_

\*Not required by six months of life for purposes of this program

\*\* Do not need if combined.

## 2. First 6 Month Schedule – Well Child Checks

1-30 day well child check up	Date:
2 month well child check up	Date:
4 month well child check up	Date:
6 month well child check up	Date:

Name of Facility \_\_\_\_\_

Phone Number \_\_\_\_\_

PCP Name \_\_\_\_\_

please print

Primary Care Physician's (PCP) Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this form completed and signed by the baby's primary care doctor to:

Health Services Department, Attn: Newborn Coordinator, 4101 Indian School Rd. NE, Albuquerque, NM 87110 or fax to (505) 727-5628.

If you have any questions or need help filling out this form, please call LCHP Customer Care at (505) 727-LOVE (5683) or 1-800-808-7363.

Services are funded in part under a contract with the State of New Mexico.

**Lovelace**  
Community Health Plan  
a Salud! program

