



free toddler car seat program

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 LH _____

Child's SSN _____

Home Phone Number (505) _____

*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 (505) _____

PCP Name _____

please print

Primary Care Physicians (PCP) Signature _____

Date _____

Members must be on the Lovelace Medicaid Plan before 6 months of age and be on the plan when they get the car seat.

This form must be returned before the child turns one-year-old. Please return this form completed and signed by the baby's primary care doctor to the Health Services Dept., Attn: Newborn Coordinator, 4101 Indian School Rd. NE, Albuquerque, NM 87110 or fax to 505-816-6628.

If you have any questions or need help completing this form, please call the Customer Care Center at 232-1860 or 1-800-808-7363.

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Lovelace
Community Health Plan
a Salud! program