



Indiana
Department
of
Health

Division of Trauma and Injury Prevention
Child Passenger Safety Technician
Scholarship Program

Child Passenger Safety Technician Scholarship Information Packet:

Forms required to receive \$250 scholarship:

- 1.) Child Passenger Safety Technician Scholarship Agreement Form..... pg. 3
- 2.) Child Passenger Safety Invoice Form.....pg. 4
- 3.) IRS W9 Form..... pg. 5
- 4.) Direct Deposit Form & Instructions.....pg. 9
- 5.) Post Evaluation Reporting Form.....pg. 10
- 6.) Copy of Child Passenger Safety Technician Certification (to be submitted after successfully passing class)



Eric J. Holcomb
Governor

Kristina M. Box, MD, FACOG
State Health Commissioner

To Whom It May Concern:

Congratulations for taking a step in educating the fellow Hoosiers in your community on child passenger safety! The Child Passenger Safety Technician (CPST) Scholarship Program, sponsored through the Indiana Department of Health (IDOH), Division of Trauma and Injury Prevention, is dedicated to preventing injuries and trauma throughout the State of Indiana. Through the Maternal Child and Health Services (TITLV) grant, recipients can be reimbursed up to \$250 for taking the 3–4-day training to become a Certified Child Passenger Safety Technician, sponsored through Safe Kids Worldwide. If receiving this scholarship sponsored by ISDH, you agree to the following terms and conditions (please initial):

_____ Must provide most accurate and true information on the Internal Revenue Service W-9 Request for Taxpayer Identification Number; Certification and the Child Passenger Safety Technician Training Stipend; and the Direct Deposit Authorization form.

_____ Reimbursement through the CPST Scholarship Program must be used to pay for any fees related to the training class, including: the cost of class; travel; lodging; parking services; or equipment needed in order to attend the class.

_____ Understand that you are being reimbursed with federal-funded dollars and will act in good faith while attending class.

_____ Understand that CPST Scholarship Program can only reimburse you once you have successfully attended and passed the class.

_____ Agree to send a copy of CPST Certification Confirmation form and post-survey to Maria Carioso, Injury Prevention Program Coordinator, at mcarioso@health.in.gov.

If there are any other questions related to the reimbursement process, please feel free to contact Maria Carioso, Injury Prevention Program Coordinator, at mcarioso@health.in.gov or via phone at (317) 234-4943. This form should be submitted via email.

Signature:

Date:

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To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.

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An equal opportunity employer.

CPTS-2021 and Entity Name
(This is the Invoice Number)

Invoice #CPTS-2021-

Invoice Date:

Mail To:
Indiana State Department of Health
ATTN: Kristen Kearns
2 N. Meridian Street,
Indianapolis, IN 46204

Fund: 61910
Account: 581010
Program: 94000
Department: 195113
Budget Reference: 2022
Project: 40093994TITLV21
Activity: ALL0000

Federal Identification Number:

Trauma and Injury Prevention- Child Passenger Safety Technician Training Stipend

Vendor Name: _____

Vendor Address: _____

Email Address: _____

Dates of Service: _____

Payment Amount: \$250 x