

## 2026

# Child Passenger Safety (CPS) Education and Distribution Partner Site Program Application

Thank you for your interest in becoming a Safe Riders Distribution Partner Site. Please read the entire Application Packet. Guidance on how to complete the application will be provided throughout the application. Read the Implementation Guide to learn expectations and protocols.

**Organization Name:**

**Primary Contact Information:** *Please note the primary contact must be a certified Child Passenger Safety Technician (CPST) or certified Child Passenger Safety Technician Instructor (CPSTI). The primary contact is expected to teach the program classes and serve as a Safe Riders point of contact for implementation and reporting.*

*Name:*

*Position/Title:*

*Direct Telephone Number:*

*Work Email Address:*

*Multilingual?*

*If yes, in which languages are you able to educate?*

**CPST or CPSTI Certification:** Certification ID Number:

*Current certification is required at time of application.* Original Certification Year: Current Cycle Expiration Date:

**Secondary Contact Information:** *The secondary contact must also be a certified CPST or CPSTI, is expected to teach classes regularly, and support the primary contact for implementation and reporting.*

*Name:*

*Position/Title:*

*Direct Telephone Number:*

*Work Email Address:*

*Multilingual?*

*If yes, in which languages are you able to educate?*

**CPST or CPSTI Certification:** Certification ID Number:

*Current certification is* Original Certification Year:

*required at time of* Current Cycle Expiration Date:  
*application.*

**Director or Supervisor of Organization Contact Information:** *This contact must be different than the primary and secondary contacts and serve as a Director or Supervisor of the primary and secondary contacts listed. This contact will receive Safe Riders communication and is additional support to the primary and secondary contacts as needed. This contact does not have to be a certified technician.*

*Name:*

*Direct Telephone Number:*

*Work Email Address:*

## Organization Details

**Organization's Physical Address:**

**Organization's County/COUNTIES Served:**

**Business Hours of Operation and Scheduled Closures** – List any operation closures that are not standard state/federal holidays or extend beyond two weeks in duration. Explain.

**Main Referral Phone Number** – List a direct line with an option to accept voicemail messages for families to call and schedule an appointment. One referral number per organization is recommended unless you have a different number or extension for non-English speaking families.

Primary Phone Number:

Extension (If applicable):

Secondary Phone Number or Extension  
(if applicable):

**Event Scheduling Webpage/Direct URL (If applicable)** – If providing a link, you still need to include a contact/referral phone number to answer questions.

Organization website:

## Child Passenger Safety Education and Distribution Partner Site Program Application

For questions 1-6, please provide your answers in the boxes.

1. Explain your organization's scope of services and why you think your organization would be a good partner for the Safe Riders Program.
2. The primary and secondary contacts are expected to coordinate program logistics, provide child passenger safety education and child safety seat distribution, and must be employees of the applying agency. If there are additional CPSTs not listed as primary or secondary contacts who will assist with education, please list them below.

**Name** **Agency** **Tech Number**

3. How does your program plan to promote Safe Riders services in the community?

4. Has your organization ever applied for or served as a Safe Riders Distribution Partner Site Program in the past?      Yes      No

5. Does your organization receive child safety seats (CSSs) from any other funding sources?      Yes      No

If yes, indicate the funding source(s) and explain how Safe Riders seats will be used differently from other funded seats.

6. Explain how you will accommodate non-English speaking families in your community.

## Program Service Area

**Service Area** – List all the service area(s) you plan to serve. This is where you will be actively conducting outreach and promotion for your CSS services (*e.g., city, county, region*).

- a) **Site 1 Name** (Organization name):
- b) **Justification for Selected Service Area** – Using data, justify the need for child passenger safety efforts in the selected area.
- c) **Site Address** – Address where services will be held.  
(Please include full address, suite number, etc.)
- d) **Site County:**
- e) **Services** – Select from the options below to describe how your site plans to offer services. A minimum of one service must be offered at each site per month (*12 events or classes a year per site*.) For a full description of each service, refer to the Application Packet.
  - Virtual Class with Distribution After** (Good option)
  - In-person Class with Distribution After** (Better option)
  - Car Seat Check – Car-side Education with Distribution** (Best option)

All service options must offer hands-on installation assistance at distribution.

- f) **Schedule** – Describe the service frequency and schedule at this site (Site 1).  
Include information about classes offered in English, Spanish, or another language.

<u>Site 1 Name and Location</u>	<u>Service Frequency at Site</u>	<u>Language</u>
<i>Example: Site 1 Name/Location</i>	<i>Once Monthly</i>	<i>Spanish</i>
<i>Example: Site 1 Name/Location</i>	<i>Once Monthly</i>	<i>English</i>

## Program Service Area Continued

*If you will only provide services at one location, please skip to page 7.*

a) Site 2 Name (Organization name):

b) Justification for Selected Service Area – Using data, justify the need for child passenger safety efforts in the selected area.

c) Site Address – Address where services will be held. (Please include name, address, suite, etc.).

d) Site County:

e) Services – Please select from the options below which type of education and distribution service your site plans to offer. A minimum of one service must be offered at each site per month (*12 events or classes a year per site.*)

Virtual Class with Distribution After (Good option)

In-person Class with Distribution After (Better option)

Car Seat Check -- Car-side Education with Distribution (Best option)

All service options must offer hands-on installation assistance at distribution.

f) Schedule – Describe the service frequency and schedule at this site (Site 2.)  
Include information about classes offered in English, Spanish, or another language.

<u>Site 2 Name and Location</u>	<u>Service Frequency at Site</u>	<u>Language</u>
<i>Example: Site 2 Name/Location</i>	<i>Once Monthly</i>	<i>Spanish</i>
<i>Example: Site 2 Name/Location</i>	<i>Once Monthly</i>	<i>English</i>

## Sustainability Plan

**How will your agency/organization support and maintain your CPSTs' skills, proficiency, and recertification? (Example - Pay for recertification, allow technicians to attend local checkup events, etc.)**

All information provided is true and accurate to the extent of my knowledge.

Director/Supervisor or Organization Designee

Print Name:

Signature:

Today's Date:

Questions or need assistance?

Contact Us

Email: [saferiders@dshs.texas.gov](mailto:saferiders@dshs.texas.gov)

Website: [dshs.texas.gov/injury-prevention/saferiders](http://dshs.texas.gov/injury-prevention/saferiders)

## 2026 SAFE RIDERS CHILD PASSENGER SAFETY EDUCATION AND PARTNER SITE PROGRAM AGREEMENT FORM

TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS) IN COOPERATION WITH THE TEXAS DEPARTMENT OF TRANSPORTATION (TXDOT)

For a full description of program protocols, please review the Safe Riders Implementation Guidelines for reference.

By signing this agreement, agrees to abide by Safe Riders Child Passenger Safety Education and Distribution Partner Site program guidelines listed below if accepted as a Distribution Partner Site program. Primary contact, secondary contact, and director or supervisor of organization must initial boxes in each section below.

**REQUIRED TRAINING ATTENDANCE:** We agree the primary and secondary contacts listed will attend mandatory Safe Riders training.

Initials

**ELIGIBILITY:** We agree to verify eligibility and distribute Safe Riders child safety seats to eligible families at no charge. We understand we may not accept fees, donations, or other compensation for child safety seats.

Initials

**OTHER SEAT ALLOTMENTS:** If receiving child safety seats from other sources, we agree to keep that inventory separate from Safe Riders distribution program child safety seats and disclose the source and the distribution policies to Safe Riders in this application.

Initials

**CHILD PASSENGER SAFETY TECHNICIANS (CPSTs):** We agree to maintain at least two Child Passenger Safety Technicians (CPSTs) on staff and understand the primary and secondary contacts for the program must be CPSTs.

Initials

**RESTRICTIONS:** We agree to serve any eligible family attending the required education class. We understand Safe Riders is a public service, and we cannot restrict education and child safety seats to only our clients or for residents of specific cities, counties, or zip codes.

Initials

**REFERRALS:** We agree to accept Safe Riders telephone referrals and have our referral information posted online. We understand the voicemail recording should mention the Safe Riders child safety seat program in the outgoing message in English and Spanish. We agree to return calls for child safety seat appointments within three business days.

Initials

**EDUCATION:** We agree to make our services open to the public, scheduled by appointments, and conducted by certified CPSTs. We agree to offer a minimum of one service per month to the community. We understand we can offer additional classes or child safety seat checkups if we are able to do so. We understand families who may not be in need of a new child safety seat are still welcome to participate in the education. Details about expectations are listed in the Implementation Guide.

Initials

**CURRICULUM:** We agree to use the Safe Riders educational outline in the Implementation Guide when conducting education classes. We understand we may supplement the education but must submit a copy of the supplemented material to Safe Riders prior to use.

Initials

**LIABILITY:** We agree to collect a signed client release of liability form or signed checklist form (provided by Safe Riders) from each client receiving a child safety seat. We understand we should offer a copy to the parent or caregiver and retain the original. We agree to retain all signed liability forms for at least five years from date of signature (hard copies or digital).

Initials

**DELIVERY:** We agree to report issues with child safety seat shipments to Safe Riders immediately. We understand Safe Riders will provide the shipment of child safety seats at no cost to us. However, inside delivery is not included. We understand once the shipment is enroute, we cannot make address changes.

Initials

**MONTHLY REPORTS:** We agree to submit monthly reports using the Qualtrics link provided each month. We agree to submit each monthly report to Safe Riders no later than the fifth day of the following month.

Initials

**DISTRIBUTION SITE:** We understand this application is for one Distribution Partner Site organization. We understand if we partner with other community agencies to host child passenger safety education and distribution services, we will remain responsible for all Safe Riders child safety seat inventory, distribution, and reporting. We understand Safe Riders child safety seats may not be given or shared with other organizations or partners that were not approved in the application or by Safe Riders in advance.

Initials

**PROMOTION:** We understand if the Safe Riders logo is used for promotional flyers created by us, Safe Riders must review and approve the material prior to use. Safe Riders will need 4 weeks to review and approve.

Initials

**COMMUNICATION:** We agree to contact Safe Riders as soon as possible if there are changes to the program contacts, distribution location(s), storage, or referral information. We agree to inform Safe Riders if we are having any challenges, or the program is unable to adhere to Safe Riders implementation guidelines.

Initials

**MONITORING:** We understand Safe Riders may schedule a site visit and observe education and distribution activities conducted by us at any time.

Initials

**RE-DISTRIBUTION:** We understand Safe Riders reserves the right to re-distribute child safety seats awarded at any time, specifically if we do not comply with all Safe Riders program guidelines or fail to distribute child safety seats. If this occurs, we understand our organization will be responsible for transferring seats to another site or back to Safe Riders and may incur shipping fees.

Initials

**NON-ENGLISH-SPEAKING CLIENTS:** We agree to accept and return calls from non-English-speaking families within three business days. We understand it is the expectation and responsibility of our program to be inclusive and provide child passenger safety education to non-English-speaking families.

Initials

**PROGRAM RULES AND GUIDELINES:** We understand Safe Riders reserves the right to enact new program rules or guidelines, or alter or eliminate existing guidelines, as Safe Riders deems necessary. If we are unable or unwilling to abide by the guidelines, we agree to notify Safe Riders immediately.

Initials

**By signing this agreement, I confirm that I have read the Safe Riders 2026 Distribution Partner Site Implementation Guide, and if selected to be a Distribution Partner Site, I agree to comply with the program policies and procedures as outlined in the Implementation Guide. I understand non-compliance could result in external review or dismissal of my program as a Safe Riders Distribution Partner Site. Failure to comply with any of these policies may have a negative impact on future Safe Riders distribution program applications from my organization.**

Primary Contact Person Name:

**Signature:**

**Date:**

Secondary Contact Person Name:

**Signature:**

**Date:**

Organization Director/Board Member/Supervisor Name:

**Signature:**

**Date:**

► When sending electronically, please copy all contacts upon submission.  
*Send via email only to [Saferiders@dshs.texas.gov](mailto:Saferiders@dshs.texas.gov).*