



## His Hands Auto Care

### Referral Form

Phone (989) 331-0633

1550 S Poseyville Rd, Midland, MI 48640



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

Client's Name: \_\_\_\_\_

Client's Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Referring Agency: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_

Agency Contact Name: \_\_\_\_\_

Referring Agency is to verify that client meets criteria listed below.

- 1) 200% of Federal Poverty Guidelines **or** experiencing a verifiable hardship  
(Cancer, Loss of Spouse, Divorce, Etc...)
- 2) Registration in Clients name
- 3) Client must live or work in Midland County

#### Please Note:

- Clients must purchase parts through His Hands or pay full labor rate.
- Provide the agency with a copy of your current Registration.
- Client approval is for a 1 year period.
- With approved referral request you will receive \$30 off per hour (max of 4 hours/\$120)
- Regular labor rate is \$99.95 discounted rate will be \$69.95, plus parts.

*Client Understands All The Above:*

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email form to: [hishandsautocare@gmail.com](mailto:hishandsautocare@gmail.com)

Effective Date: August 1, 2024