



**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) Proof of Insurance & Registration in Clients name
- 3) Client must live or work in Midland County

**PLEASE NOTE:**

- Client is responsible for cost of labor at \$39.50 per hour, plus parts.
- Client must purchase parts through His Hands or pay full labor rate.
- Provide agency with a copy of your current Registration and Insurance.
- Client approval is for a 1 year period.

*Client Understands All The Above:*

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