



Referral Form

This form is to be filled out by a person who knows the intended car recipient in a professional capacity. Information provided will help us make an informed decision regarding assistance to the proposed recipient. Please return to the address shown on the bottom of the form.

Proposed recipient:

Name: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone (recipient contact number): \_\_\_\_\_
Occupation(s): \_\_\_\_\_

Referring person/organization:

Organization name: \_\_\_\_\_
Your name: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone (your contact number): \_\_\_\_\_

In what capacity do you know this person? \_\_\_\_\_

What is the proposed recipient's family situation (single, married, number of children living at home, ages, etc.)? \_\_\_\_\_

What are the proposed recipient's current sources of income (wages, child support, unemployment, etc.) and financial obligations (rent, loans, etc.)? \_\_\_\_\_

Describe the need and explain how a car will help the recipient become a more productive member of the community (use reverse side if necessary):

Garageworks Outreach inspects cars before they are given away and makes any necessary repairs. Will you or your organization be willing to assist with the costs of these repairs? Yes \_\_\_ No \_\_\_

If so, what is the maximum amount? \$ \_\_\_\_\_

Garageworks Outreach requires that cars be properly insured. Will you or your organization work with the recipient to see that the car is covered by insurance at the time it is received? Yes \_\_\_ No \_\_\_

Does the proposed recipient have a valid driver's license? Yes \_\_\_ No \_\_\_

Car maintenance and repairs can impose a financial burden. Will you or your organization be willing to assist with on-going maintenance and repairs? Yes \_\_\_ No \_\_\_

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