



1 N Maple Avenue, Milford, Delaware 19963
Phone: (302) 422 3033
Fax: (302) 422-3272

CARS FOR MOMS OUTREACH REQUEST FORM

***Must be completed by an *approved referral source*. All communication is between the referral source and God's Way.**

***Please fill out form *completely* and fax form to the office.**

***You will be contacted if request is accepted by God's Way.**

ACCEPTED REFERRAL SOURCES:

***Division of Family Services**

***Approved School District Representative**

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Date: _____

Referral Source Name: _____

Title: _____ Phone: _____

Agency: _____ Email: _____

Name of Recipient: _____

How many children: _____

Are children living with recipient? _____

(For recipient to complete) Please describe your need for a vehicle and explain how it will make a difference in your life:

Signature of referral source: _____

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OFFICE USE ONLY

Request accepted? Yes No Referral Source/Recipient: I
have received a car from God's Way. I understand that this is from Cars for
Moms outreach and I accept the car "AS IS" and will not hold God's Way
liable for any issues with the vehicle once I accept it.

Signature

Date