

**High School Students Providing Car Repairs for Low-Income Livingston Cty. Residents
REFERRAL FORM**

To be completed by referral contact:

Date:	Referred to:	Referred by:
Vehicle Service Problems:		
Please Confirm:		
Customer is low-income _____	Car is needed for transportation to work _____	Car is needed for transportation to medical appointments _____
Authorized vehicle repair/maintenance by:		
	(Authorized Signature) Phone:	
Customer Name:	Address:	City:
Phone:	Impact of Service to Customer:	

Fax to closest automotive program:

		Brighton HS Auto. FAX: (810) 299-4160 Jennifer Sprys-Tellner

To be completed by Automotive Service Department:

Date of Service:	School:	Services Provided:
Please complete the following prompts:		
Car is road worthy: Yes _____ No _____	Vehicle registration is verified: Yes _____ No _____	Signed Release of Information/Waiver: Yes _____ No _____
Material Costs:	Estimated Value of Service:	Comments:
Instructor Signature:	Recommendations for future service:	



When service is completed please return form to Basic Needs Workgroup c/o: LCUW, 2980 Dorr Rd., Brighton, MI 48116 (Fax: 810-494-3004)