

God's Way Ministries, Inc.

1 N. Maple Ave
Milford, DE 19963
Phone: 302-422-3033
Fax: 302-422-3272

Car for Moms Outreach Application Request Form

When submitting this form:

- Make sure the form is completed in its entirety
- Fax application to the main office

****MUST HAVE A REFERRAL**

Acceptable referral sources:

*Division of family services *Children and Families First
*Division of social services *Prison System

Name: _____
Address: _____
Phone: _____
Email: _____

Referral Source: Name: _____
Phone: _____
Title: _____
Agency: _____
Email: _____

Marital Status: ___ Single ___ Divorced
Number of Children: ___ Ages: _____

Are your children currently living with you? ___
Please briefly describe you reason for applying for a car.

Can your agency contribute any financial assistance? _____
Date car with be picked up/delivered: _____

Signature: _____

OFFICE USE ONLY

Request accepted? YES NO
Car received by Requester? YES NO

Car transferred to which location? _____

For Requester: 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".

Signature

Date