



CLIENT REFERRAL APPLICATION

REFERRING PARTNER INFO			
DATE OF APPLICATION (mm/dd/yyyy)			
REFERRING PARTNER ORGANIZATION NAME			
MAIN PHONE NUMBER			
TYPE OF PARTNERSHIP WITH W.D.C.		<input type="checkbox"/> CHURCH BENEVOLENCE PARTNER <input type="checkbox"/> STRATEGIC MINISTRY PARTNER <input type="checkbox"/> GOSPEL MISSION PARTNER	
CONTACT NAME (preferred first, last)			
TITLE		<input type="checkbox"/> PASTOR <input type="checkbox"/> BENEVOLENCE MINISTRY MANAGER <input type="checkbox"/> OTHER:	
MOBILE PHONE NUMBER			
I CAN RECEIVE TEXT MESSAGES AT THIS NUMBER		<input type="checkbox"/> YES <input type="checkbox"/> NO	
EMAIL ADDRESS			
AFFIRMATION OF <u>AUTHORITY</u> : "I, the referring partner organization's representative, am authorized to make financial commitments on behalf of the organization."		<input type="checkbox"/> YES <input type="checkbox"/> NO	
AFFIRMATION OF <u>UNDERSTANDING</u> : "I, the referring partner organization's authorized representative, have read and understand the WDC program's design, requirements, and client criteria."		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(CHURCH) AFFIRMATION OF <u>ENDORSEMENT</u> : "The client referred below is a member in good standing with our church and qualifies by our standards for benevolence help."		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(MINISTRY) AFFIRMATION OF <u>ENDORSEMENT</u> : "The client referred below is a client of our ministry, has been faithful in our program, is generally stable in their life, and qualifies by our standards for benevolence help."		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
AFFIRMATION OF <u>CLIENT QUALIFICATION</u> : "The client referred below meets <u>all</u> of the WDC program's client criteria."		<input type="checkbox"/> YES <input type="checkbox"/> NO If "NO" then <u>stop</u> and <u>call</u> WDC if you have any questions about proceeding.	
AFFIRMATION OF <u>DOCUMENTATION</u> : "The required client documentation is complete and attached." (See "Client Mandatory Documentation" list below)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
AFFIRMATION OF LEGAL DISCLAIMER: "It is understood that repairs cannot proceed until the client has signed the WDC release and hold harmless agreement."		<input type="checkbox"/> YES <input type="checkbox"/> NO	
CLIENT INFO			
CLIENT NAME (preferred first, last)			
RESIDENTIAL ADDRESS (full, with zip)			
MOBILE PHONE NUMBER		DATE OF BIRTH (mm/dd/yy)	
CAN RECEIVE TEXT MESSAGES AT THIS NUMBER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	AGE	
EMAIL ADDRESS		TX DRIVER'S LIC.	

CHECK ALL THAT APPLY		<input type="checkbox"/> WIDOW <input type="checkbox"/> SINGLE PARENT <input type="checkbox"/> U.S. MILITARY VETERAN <input type="checkbox"/> DISABLED			
CLIENT IS CONTRIBUTING FINANCIALLY TO HELP PAY FOR THE COSTS OF THE REPAIR					<input type="checkbox"/> YES <input type="checkbox"/> NO
IF "YES" HOW MUCH ARE THEY CONTRIBUTING?					\$
VEHICLE INFO					
IS THE VEHICLE DRIVEABLE?		<input type="checkbox"/> YES <input type="checkbox"/> NO		LOCATION OF VEHICLE	
IF "NO" CAN THE CLIENT HAVE THE VEHICLE TOWED TO OUR LOCATION?					<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
YEAR		MAKE		MODEL	
VIN			PLATE #		MILEAGE
CLIENT MANDATORY DOCUMENTATION					
(All documents must be specific to the individual, valid and current) (All documents must be digitized and attached to this form)					
TEXAS DRIVER'S LICENSE			<input type="checkbox"/> YES <input type="checkbox"/> NO		
PROOF OF VEHICLE OWNERSHIP (Title, etc.)			<input type="checkbox"/> YES <input type="checkbox"/> NO		
VEHICLE REGISTRATION IN TEXAS			<input type="checkbox"/> YES <input type="checkbox"/> NO		
PROOF OF INSURANCE			<input type="checkbox"/> YES <input type="checkbox"/> NO		
SIGNED <i>RELEASE AND HOLD HARMLESS AGREEMENT</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO		
ALL DOCUMENTS HAVE BEEN DIGITIZED, ARE CLEARLY READABLE, AND ARE ATTACHED TO THIS FORM			<input type="checkbox"/> YES <input type="checkbox"/> NO		
DISCLAIMERS & PRIVACY					
1) Approval of this referral does not guarantee repair services. All repairs are provided as-is by volunteer mechanics. W.D.C. is not liable for vehicle condition before, during, or after repairs.					
2) W.D.C. does not provide or verify insurance coverage for clients or vehicles. The client remains fully responsible for maintaining valid insurance.					
PRIVACY: W.D.C. collects and retains client information only for the purpose of evaluating and performing vehicle repair services. Data will not be shared with outside parties except as required by law. W.D.C. will keep internal records for up to 3 years and then securely delete them.					
Referring Partner Representative:			W.D.C. Authorized Representative:		
_____			_____		
<i>Signature</i>			<i>Signature</i>		
_____			_____		
<i>Printed Name</i>			<i>Printed Name</i>		
_____			_____		
<i>Date</i>			<i>Date</i>		
W.D.C. APPROVAL SECTION (for W.D.C. use only)					
REFERRING PARTNER ORGANIZATION HAS COMPLETED ITS PARTNER COMMITMENT FORM THAT SPECIFIES THEY WILL PAY <u>HALE</u> OF THE LABOR COST AND <u>ALL</u> OF THE PARTS COST FOR THE REPAIR IF THE CLIENT CANNOT COVER THE REPAIR COST. (NOTE: Only proceed after this step is complete.)				<input type="checkbox"/> YES <input type="checkbox"/> NO	
W.D.C. DIRECTOR HAS REVIEWED ALL OF THE ABOVE INFORMATION AND APPROVES FOR US TO MOVE FORWARD WITH THE DIAGNOSIS OF THE VEHICLE.				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE OF APPROVAL					
IF DECLINED, EXPLAIN IN DETAIL					

We Do C.A.R.E. Inc. -- *Complete Automotive Repair Excellence* -- (682) 235-7386