

CLIENT INTAKE FORM

I request business management counseling and/or training from WESST which is funded partly by the Small Business Administration (SBA). I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA-funded services. I further understand that any counselor or trainer in this program has agreed not to: (1) recommend goods or services from sources in which he/she has an interest and (2) accept fees or commissions developing from this counseling or training relationship. In consideration of SBA's funding of WESST and the assistance to be furnished, I waive all claims arising from this assistance against all personnel of WESST, its parent or sponsoring organization, if any, and against SBA personnel, SCORE, SBDC, and its host organizations, SBI, and other SBA resource counselors.

I certify that all my statements contained on this form are correct to the best of my knowledge and that I will cooperate in providing follow up information needed to evaluate the effectiveness of the program if asked by an authorized representative of WESST.

Signature: *See below for e-signature field* _____ Date: _____

To be filled out by staff with client and/or client alone. This form takes approximately 15 minutes to complete.

Date: _____

Last Name: _____ First Name/Nickname: _____ Middle Initial: _____

Home Address: _____

Street and Number / P.O. Box # / Rural Rte.#

Home Address: _____

City

State

County

Zip Code

Home E-Mail: _____

Daytime Telephone: () _____ Cellular Phone: () _____

WESST receives federal funding for many of its programs. In order to demonstrate that we are reaching certain target markets, many of our funders require us to collect the following information to ensure WESST is serving the needs of diverse entrepreneurs. In the future, we will be contacting you about how well your business is doing. Our continued funding depends on our ability to collect this information. All information will be kept strictly confidential. Thank you for your cooperation.

Ethnic Background:

Race: African-American Native American or Alaskan Native Native Hawaiian or Other Pacific Islander
 White

Ethnicity: Hispanic Non-Hispanic

Are you an immigrant/refugee? Yes No If "yes", country of origin: _____

Date of Birth: _____
month / day / year

Marital Status: Single Married Widowed Divorced Separated

Are you: (check all that apply) Male Female Head of Household

Do you consider yourself a person with a disability? Yes No Military service disability? Yes No

Are you a military veteran? Yes No If "yes", are you a Vietnam veteran? Yes No

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How did you hear about our program? (check all that apply)

<input type="checkbox"/> SBA Office	<input type="checkbox"/> SBA Website	<input type="checkbox"/> Other Client	<input type="checkbox"/> Chamber of commerce
<input type="checkbox"/> Lender	<input type="checkbox"/> Magazine	<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Business Owner	<input type="checkbox"/> Internet	<input type="checkbox"/> Local Economic Development Official	
<input type="checkbox"/> Television/Radio	<input type="checkbox"/> Newspaper		

What is the highest level of education or training that you have completed? (select one)

<input type="checkbox"/> Some high school	<input type="checkbox"/> Some college	<input type="checkbox"/> Technical/vocation school certificate/diploma	
<input type="checkbox"/> High school or GED	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Graduate Degree

Please tell us your current employment status (check all that apply).

<input type="checkbox"/> Self-employed full-time (35 hours or more a week)	<input type="checkbox"/> Self-employed part-time (fewer than 35 hours a week)
<input type="checkbox"/> Employed by someone else full-time	<input type="checkbox"/> Employed by someone else part-time
<input type="checkbox"/> Unemployed less than 6 months	<input type="checkbox"/> Unemployed 6 months or more
<input type="checkbox"/> Currently looking for work	

What is your main source of household income?

<input type="checkbox"/> Self employment	<input type="checkbox"/> Supported by another	<input type="checkbox"/> SSI/SSDI	<input type="checkbox"/> Other public assistance
<input type="checkbox"/> Working for someone else	<input type="checkbox"/> Federal Welfare (TANF or AFDC)	<input type="checkbox"/> Pension/Social Security	

How many people are in your household?

_____ Adults 18 years and older (include yourself)
_____ Children under 18

What was your gross household (not individual) income (before taxes) last year that supported all members of the household?

\$ _____ (annual) or \$ _____ (monthly)