

Business Development Program Intake Form

Please Print

CONTACT INFORMATION										
Social Security N	lumber		Last Name	First Name			Middle	Suffix		
Date of Birt	h	Prima	ry Phone Number	Type	Type Second		Number	Туре		
Date of Bitti			,	, J1 -		<u> </u>				
Residential Add	drace	Ma	ailing Address	City		County	State	Zip Code		
1105ldCHildi / ldi	1000	IVIC	annig Address	City		County	Otato	Zip Oddc		
Fax Numbe			Email Address		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			ddraga		
rax inullibe) [Email Address		Web Ad					
0 1	ORMATION									
Gender			Veteran	Receive	Public Assistance?		Far	mer		
Male		Yes	Yes		Yes		\vdash	Migrant		
Female	Dr.	No ace	☐ No	Type:	No		☐ Seasonal			
Δfrican Δm	erican or Bl		Caucasian or White	Type: N/A Ethnicity Housing Type						
American I			Native Hawaiian or		Latino	Tiousiii	House			
Alaskan Na			Other Pacific		Not Hispan		\vdash	Mobile		
Asian			Islander		Latino	10 01		Apartment		
7.0.0		Source	of Health Insurance					Room		
Business/S	elf-Insured		Medicare	☐ VA Administration			H	Camper		
Employer		П	Medicaid	Ħ	Other		RV			
Spouse's E	mployer		Private	None				Other		
Family Member	unting Yourself) Housing Status									
All Members Insured No Member				, ,			Own			
Some Mem	bers Insure	d	_	Rent			Rent			
	Family Type			Household Size			Land Contract			
Single Pare	ent/Female		Single	Adults :			Homeless			
	Single Parent/Male Couple			Children : Other						
Two Paren	t Home		Other	Total :		\$	Monthly Re	ent Amt.		
Education Level										
K-8th		9th-12th	HS Grad		GED		College Gra	aduate		
Manleh (Di Maalda	Client Income Info	ormation	Appus	Amarint.	c			
Weekly Employer :		Bi-Weekly	Monthly	<u> </u>	Annual	Amount:	Ф			
Employer .	nt .		OWF/TANF		DA		No Income			
Unemploymen		\vdash	Self Employment	H	SSI/SSDI	\vdash	Other:			
Worker's C		\dashv	Child Support	H	Pension		Otrici.			
Social Secu		H	VA Disability	H	VA Pension	1				
	<u>y</u>					·		l		
I certify that the information provided on this form is true and correct to the best of my knowledge and authorize the release of any or all information necessary for verification purposes. From time to time, The Business Development Program collects follow-up information from its clients to learn more about the economic, business and employment experiences clients have experienced. I agree, as an active client, to provide certain information to the Business Development Program on a timely basis. If I am asked to provide confidential data, I am assured that my name will not be attached to the data and I can be confident that the information will not be shared in a trustworthy manner.										
Signature of Client						Da	ate			

		ADD	ITIONAL FAMILY I	NFORMA	ATION				
Social Security N	umber	L	ast Name		First Name		Middle	Gender	
Date of Birth				Relations	hip				
Date of Differ	$\overline{}$	Spouse	☐ Child		□Parent		Other:		
		Орошос	Education Lo				Other.		
☐ K-8th		9th-12th	☐ HS Grad	- T	GED		Callaga Cr	- d t -	
<u> </u>		9m-12m			J GED		College Gr	aduale	
			Client Income Inf	ormation	¬	_	•		
☐ Weekly		Bi-Weekly	☐ Monthly		ا Annual	Amount:	\$		
Employer :					_				
☐ Employmen			OWF/TANF		⊒ DA		Utility Assis	stance	
☐ Unemploym	nent		Self Employment		⊐ ssi/ssdi	Other:			
☐ Worker's Co	omp		Child Support		□ Pension	No Income			
Social Secu	ırity		/A Disability		□ VA Pensior	1			
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Social Security N	umber	L	ast Name		First Name		Middle	Gender	
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Date of Birth				Relations	hin				
Date of Diffit		Charles	☐ Child	relations	•		Othor		
		Spouse			□Parent		Other:		
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☐ K-8th		9th-12th	☐ HS Grad		□ GED		College Gr	aduate	
			Client Income Inf	ormation	_				
☐ Weekly		Bi-Weekly	Monthly		→ Annual	Amount:	\$		
Employer :									
☐ Employmen			OWF/TANF		□ DA		Utility Assis	stance	
☐ Unemploym	nent		Self Employment		⊐ ssi/ssdi		Other:		
☐ Worker's Co	omp		Child Support		☐ Pension	No Income			
☐ Social Secu	•	_	/A Disability		☐ VA Pension				
— Social Security — VA Disability — VA Perision									
			, ,						
	umber		·				Middle	Gender	
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			ast Name	Relations	First Name			Gender	
Social Security N		L Spouse	ast Name		First Name		Middle Other:	Gender	
Social Security No		Spouse	ast Name Child Education Lo		First Name		Other:		
Social Security N			ast Name Child Education Lo	evel	First Name				
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BUSINESS INFORMATION												
What Assistance Would You Like From Us?												
Business Coachin	<u> </u>	Business Lo		Marketing		asses	_ L	Other:				
<u> </u>	Where Did You Hear About The Business Development Program?											
	Radio Newspaper Website Other: Do You Own A Business? *If Yes, Please Fill Out The "Currently In Business" Section Below											
Do You Own A Busir											OW.	
Yes No	_			ase Fill Οι		ot In E			on Be			
Are You Willing To						┵	Yes	No No	<u> </u>	N/A		
Are You Willing T	o vvork 1	12-16 Hour	•				Yes	No		N/A		
D	ooos Nis	~~	CURRE	NTLY IN B			200 F. II	time a a r) o = + + :	200		
Busir	ness Nar	ne			Full-time	DUSIN		time or F	an-ill	ile	Second	
Date Started			Rusings	Address	ruii-liiiie	Ri		Part-time Seasonal				
Date Started			טטטווופטנ	Audi 699		В	1 66 0 111161	ess Phone Business Fax				
0:4	01-1	7:			_\					-	NIALOO	
City	State	Zipcode		L	escribe Y	our B	usiness				NAICS	
Do You Have Paid					, Total Nu		In The L					
Yes Cross C			Full-Time:		Part-Time:			Seasonal/Temp:				
Last Years Gross S	ales	Did	You Take	Money Out	Of the B	_	ss in The	e Last Ye	ear?		Amount	
Do You Have A B	usinoso	Dlan?	Do Vo	Yes	nding?] No	If Vac. 1	Josef NA	h Da '	Vou N	lood?	
☐ You Have A Bi		No	טע אנ	u Need Fu Yes	naing? No		ıı res, F	low Muc	טט וו	Y OU N	veed?	
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Yes		<u>woman Ot</u> No	wiieu !	%			V	v ensite				
DUNS Number							ional Info	I Information				
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			NOT	IN BUSIN	IESS							
What Is Your Business Idea? Planned Start Date?								ate?				
Do You Have	A Busin	ess Name'	?		Will This E	Busine	ss Be F	ull-time c	r Part	t-time		
			Full-time				Part-time Seasonal					
Years Experience In Business Type?			Education In Business Type? C				Certifications In Business Type?					
Other Skills and/or Experiences Related to Your Business Idea												
	Othe	r Skills and	d/or Experi	ences Rela	ated to Yo	ur Bus	siness Id	ea				
In Anyone Accieting You With Your Idea?												
Is Anyone Assisting You With Your Idea? What Will Be Your Role In The Bus						ousine	288 (
Do You Have A Bu	usiness l	Plan?	Do Yo	ou Need Fu	nding?		If Yes L	low Muc	h Doʻ	You N	Jeed?	
Yes		No			No		103, 1	IOW WIGO	.1 20	. ou 1	10001	
	Business Be Woman Owned?				Additional Information							
Yes No %												
FOR AGENCY USE ONLY												
							ΠE	nrolled Ir	Prod	ram		
HUD Income Limit Ca	tegory:	0-35% 36-50%		51-65% 66-80%		Referred to OSU SBDC				OC.		
		0.30%					Referred to PTAC					
FPIG Level:		∟ Under	∐ 101-	□ 151-	□ Over			ciciieu l	U F IF	.0		
		100%	150%	200%	200%							
100/0 100/0 200/0 1												
Staff Member Completing Intake					_		Da	ate				