



Business Development Program Intake Form

Please Print

CONTACT INFORMATION					
Social Security Number	Last Name	First Name		Middle	Suffix
Date of Birth	Primary Phone Number	Type	Secondary Phone Number	Type	
Residential Address	Mailing Address	City	County	State	Zip Code
Fax Number	Email Address		Web Address		
HOUSEHOLD INFORMATION					
Gender	Disabled	Veteran	Receive Public Assistance?	Farmer	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Migrant <input type="checkbox"/> Seasonal <input type="checkbox"/> N/A	
Race			Type:	Housing Type	
<input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian or White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> House <input type="checkbox"/> Mobile <input type="checkbox"/> Apartment <input type="checkbox"/> Room <input type="checkbox"/> Camper <input type="checkbox"/> RV <input type="checkbox"/> Other	
Source of Health Insurance					
<input type="checkbox"/> Business/Self-Insured <input type="checkbox"/> Employer <input type="checkbox"/> Spouse's Employer	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Private	<input type="checkbox"/> VA Administration <input type="checkbox"/> Other <input type="checkbox"/> None			
Family Member's Covered By Health Insurance (Not Counting Yourself)				Housing Status	
<input type="checkbox"/> All Members Insured <input type="checkbox"/> Some Members Insured		<input type="checkbox"/> No Members Insured		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Land Contract <input type="checkbox"/> Homeless <input type="checkbox"/> Other	
Family Type			Household Size		Monthly Rent Amt. \$
<input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two Parent Home	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Other	Adults :			
		Children :			
		Total :			
Education Level					
<input type="checkbox"/> K-8th	<input type="checkbox"/> 9th-12th	<input type="checkbox"/> HS Grad	<input type="checkbox"/> GED	<input type="checkbox"/> College Graduate	
Client Income Information					
<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual	Amount: \$	
Employer :					
<input type="checkbox"/> Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Social Security	<input type="checkbox"/> OWF/TANF <input type="checkbox"/> Self Employment <input type="checkbox"/> Child Support <input type="checkbox"/> VA Disability	<input type="checkbox"/> DA <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Pension <input type="checkbox"/> VA Pension	<input type="checkbox"/> No Income <input type="checkbox"/> Other:		

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

Date

This institution is an equal opportunity provider and employer.

ADDITIONAL FAMILY INFORMATION

Social Security Number		Last Name		First Name		Middle	Gender
Date of Birth		Relationship					
		<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Parent	<input type="checkbox"/> Other:		
Education Level							
<input type="checkbox"/> K-8th	<input type="checkbox"/> 9th-12th	<input type="checkbox"/> HS Grad	<input type="checkbox"/> GED	<input type="checkbox"/> College Graduate			
Client Income Information							
<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual	Amount:	\$		
<i>Employer :</i>							
<input type="checkbox"/> Employment	<input type="checkbox"/> OWF/TANF	<input type="checkbox"/> DA	<input type="checkbox"/> Utility Assistance				
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Self Employment	<input type="checkbox"/> SSI/SSDI	<input type="checkbox"/> Other:				
<input type="checkbox"/> Worker's Comp	<input type="checkbox"/> Child Support	<input type="checkbox"/> Pension	<input type="checkbox"/> No Income				
<input type="checkbox"/> Social Security	<input type="checkbox"/> VA Disability	<input type="checkbox"/> VA Pension					

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BUSINESS INFORMATION

What Assistance Would You Like From Us?

Business Coaching
 Business Loan
 Marketing
 Classes
 Other:

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.*

Yes
 No

**If No, Please Fill Out The "Not In Business" Section Below.*

Are You Willing To Risk Your Life Savings Or Personal Assets?
 Yes
 No
 N/A

Are You Willing To Work 12-16 Hours/Day, Six Days A Week?
 Yes
 No
 N/A

CURRENTLY IN BUSINESS

Business Name

Is This Business Full-time or Part-time

Full-time
 Part-time
 Seasonal

Date Started

Business Address

Business Phone

Business Fax

City

State

Zipcode

Describe Your Business

NAICS

Do You Have Paid Employees?

If Yes, Total Number In The Last 12 Months

Yes
 No
 Full-Time:
 Part-Time:
 Seasonal/Temp:

Last Years Gross Sales

Did You Take Money Out Of The Business In The Last Year?

Amount

Yes
 No

Do You Have A Business Plan?

Do You Need Funding?

If Yes, How Much Do You Need?

Yes
 No
 Yes
 No

Is The Business Woman Owned?

Website

Yes
 No
 %

DUNS Number

NAICS/SIC

Additional Information

NOT IN BUSINESS

What Is Your Business Idea?

Planned Start Date?

Do You Have A Business Name?

Will This Business Be Full-time or Part-time

Full-time
 Part-time
 Seasonal

Years Experience In Business Type?

Education In Business Type?

Certifications In Business Type?

Other Skills and/or Experiences Related to Your Business Idea

Is Anyone Assisting You With Your Idea?

What Will Be Your Role In The Business?

Do You Have A Business Plan?

Do You Need Funding?

If Yes, How Much Do You Need?

Yes
 No
 Yes
 No

Will The Business Be Woman Owned?

Additional Information

Yes
 No
 %

FOR AGENCY USE ONLY

HUD Income Limit Category:

0-35%
 36-50%
 51-65%
 66-80%

FPIG Level:

Under 100%
 101-150%
 151-200%
 Over 200%

Enrolled In Program
 Referred to OSU SBDC
 Referred to PTAC

Staff Member Completing Intake

Date