



Business Development Program Intake Form

Please Print

| CONTACT INFORMATION | | | | | |
|------------------------|----------------------|------------|------------------------|--------|----------|
| Social Security Number | Last Name | First Name | | Middle | Gender |
| | | | | | |
| 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"/> 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 | |
| | | <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | | | |
| 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/GED | <input type="checkbox"/> Some College | <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 an untrustworthy manner.

Signature of Client

Date

This institution is an equal opportunity provider and employer.

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

%

UEI 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:

0-30%

31-50%

51-80%

81%+

Enrolled In Program

Referred to OSU SBDC

FPIG Level:

Under
100%

101-
150%

151-
200%

Over
200%

Referred to PTAC

Staff Member Completing Intake

Date

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 | | | |
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| Employer : | | | | | | | |
| <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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