



## Women's Economic Ventures Client Intake Form

### U.S. Small Business Administration 641 Counseling Information Form

**Name of office providing the service:** Women's Economic Ventures      **Type of Client:**  
**City / State of Office Location:**  Santa Barbara    Ventura / California    Face to face    Online    Telephone

#### Part I: General Information (to be completed by all clients)

*As part of WEV's reporting requirements to funders, we ask that you complete this form once per year and/or whenever your information changes. Your cooperation in filling out the form is greatly appreciated, and the information you choose to disclose is confidential.*

<b>Today's Date:</b> /      /		<b>Is this your first visit?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>First Name:</b>		<b>Last Name:</b>	
<b>Residential Address:</b>		<b>City:</b>	<b>Zip:</b>
<b>Home Phone:</b> (      )	<b>Mobile:</b> (      )	<b>Work Phone:</b> (      )	<b>Fax:</b> (      )
<b>Email:</b>			
<b>Mailing Address:</b> (if different from residential)			
		<b>City:</b>	<b>Zip:</b>

#### What services did you come in for today? (Choose primary category)

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> <b>Start-Up Assistance</b> – (How do I start a small business?)                   | <input type="checkbox"/> <b>Human Resources/Managing Employees</b>            | <input type="checkbox"/> <b>Marketing / Sales</b> (promotion, market research, pricing, etc.) | <input type="checkbox"/> <b>Buying / Selling a Business</b>                   |
| <input type="checkbox"/> <b>Business Plan</b>  | <input type="checkbox"/> <b>Customer Relations</b>                            | <input type="checkbox"/> <b>Tax Planning</b>  | <input type="checkbox"/> <b>Franchising</b>                                   |
| <input type="checkbox"/> <b>Financing / Capital</b> (such as applying for a loan, building equity capital) | <input type="checkbox"/> <b>eCommerce</b> (using the Internet to do business) | <input type="checkbox"/> <b>Government Contracting</b> (including certifications)             | <input type="checkbox"/> <b>Legal Issues</b> (such as, should I incorporate?) |
| <input type="checkbox"/> <b>Managing a Business</b>  | <input type="checkbox"/> <b>Cash Flow Management</b>                          | <input type="checkbox"/> <b>Business Accounting / Budget</b>                                  | <input type="checkbox"/> <b>International Trade</b>                           |

**Describe specific assistance requested in the space provided:**

#### What prompted you to contact us? (select all that apply)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> SBA District       | <input type="checkbox"/> SBA Website      | <input type="checkbox"/> Other WEV Client                    | <input type="checkbox"/> Chamber of Commerce     |
| <input type="checkbox"/> Lender             | <input type="checkbox"/> Magazine / Flyer | <input type="checkbox"/> Educational Institution             | <input type="checkbox"/> Other (please specify): |
| <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        | <input type="checkbox"/> Word of Mouth                       |  |

**Referral details (name of individual/publication, location of flyer, etc):**

#### Part II: Client Intake and Demographic Information (to be completed by all clients)

<b>Race</b> (select one)		<b>Veteran Status</b>		<b>Housing status</b>		<b>Highest Level of Education</b>	
<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Non-Veteran	<input type="checkbox"/> Rent	<input type="checkbox"/> Own	<input type="checkbox"/> Live with Relatives/friends	<input type="checkbox"/> Elementary/middle school	<input type="checkbox"/> High School/GED
<input type="checkbox"/> Native American/Alaskan	<input type="checkbox"/> White	<input type="checkbox"/> Veteran	<input type="checkbox"/> Homeless	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Trade School	<input type="checkbox"/> Some College
<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> Service-Disabled Veteran		<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> College Degree	<input type="checkbox"/> Graduate School
<input type="checkbox"/> African American <b>and</b> White		<b>Military Status</b>		<input type="checkbox"/> Separated			
<input type="checkbox"/> Asian <b>and</b> White		<input type="checkbox"/> Member of Reserve or National Guard					
<input type="checkbox"/> Native American/Alaskan <b>and</b> White		<input type="checkbox"/> Active Duty					
<input type="checkbox"/> Native American/Alaskan <b>and</b> African American							
<b>Gender</b>	<b>Disabled</b>	<b>Ethnicity</b>		<b>Family Status</b> (select all that apply)		<b>Marital Status</b> (select one)	
<input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Head of Household		<input type="checkbox"/> Single	
<input type="checkbox"/> Male	<input type="checkbox"/> No	<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Joint Head of Household		<input type="checkbox"/> Married	
		<input type="checkbox"/> Latino		<input type="checkbox"/> Single Parent		<input type="checkbox"/> Separated	
						<b>Household Size</b> _____	
						<b># of Dependents</b> _____	

#### Part III: Employment, Income and Benefits Information (to be completed by all clients)

<b>Employment Status</b> (select all that apply)		<b>Hours worked per week</b> (if employed by another business)	
<input type="checkbox"/> Working in my business (self-employed)	<input type="checkbox"/> Not employed and looking for work	_____	
<input type="checkbox"/> Employed <b>by another business</b>	<input type="checkbox"/> Not employed and <b>not</b> looking for work	Wage at job \$ _____	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly	
		<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	

**Income:** Please include all income in for the past 12 months:

Personal Income		Family Income	
Employment Wages:	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> yearly	Spouse/Partner:	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> yearly
Owner's Draw from Business	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> yearly		
Other Income Sources			
Unemployment	\$ _____ /mo	Social Security	\$ _____ /mo
Worker's Comp	\$ _____ /mo	Supp. Security Income	\$ _____ /mo
Food Stamps	\$ _____ /mo	Alimony	\$ _____ /mo
General Relief	\$ _____ /mo	Veteran's Benefits	\$ _____ /mo
SCHIP (State Children's Health Insurance Program)	\$ _____ /mo	Other (Please Describe): _____	\$ _____ /mo
<b>Total Household Income</b>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> yearly		

<b>Were you able to save any money in the past 12 months?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? \$ _____	<b>Do you have health insurance for yourself?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>What is the source of your health insurance?</b> <input type="checkbox"/> Another job <input type="checkbox"/> My business <input type="checkbox"/> Spouse's job <input type="checkbox"/> Private Policy <input type="checkbox"/> State Plan <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Other source: _____
<b>Are you currently receiving public assistance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>What is the health insurance status of your other household members?</b> <input type="checkbox"/> All members insured <input type="checkbox"/> Some members insured <input type="checkbox"/> No members insured

**Part IV: Business Information**

**Have you sold a product or service in the last 12 months?**  Yes  No (If yes, please complete the following information about your business. If you own more than one business, please complete this section on an additional intake form for each business.)

**Is this the business for which you are seeking support from WEV?**  Yes  No **Is this your primary business?**  Yes  No

<b>Type of Business</b> (choose primary category)			
<input type="checkbox"/> Mining	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Real Estate & Rental & Leasing	<input type="checkbox"/> Professional, Scientific & Technical Services
<input type="checkbox"/> Utilities	<input type="checkbox"/> Finance and Insurance	<input type="checkbox"/> Health Care & Social Assistance	<input type="checkbox"/> Management of Companies & Enterprises
<input type="checkbox"/> Information	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Accommodation & Food Services	<input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting
<input type="checkbox"/> Construction	<input type="checkbox"/> Public Administration	<input type="checkbox"/> Arts, Entertainment & Recreation	<input type="checkbox"/> Administrative & Support
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Educational Services	<input type="checkbox"/> Transportation & Warehousing	<input type="checkbox"/> Waste Management & Remediation Services
			<input type="checkbox"/> Other Personal Services (except Public Administration)

<b>Business Ownership:</b> What percentage of your business is male or female ownership? _____ % Female _____ % Male	<b>Month and Year Business Started:</b> ____/____	<b>Do you conduct business online?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you a home-based business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you 8(a) certified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total number of employees:</b> Full-time _____ Part-time _____	<b>For your most recent full business year, what were your:</b> Gross Revenue / Sales: \$ _____ Profits (+) / Losses (-): \$ _____		<b>What is the legal entity of your business?</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____	
<b>Did you start this business as a result of assistance from WEV?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>DUNS #:</b> _____	
<b>Business Name:</b> _____		<b>Business Description:</b> _____		<b>Business Status:</b> <input type="checkbox"/> Full-time (35+ hrs/week) <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal
<b>Business Address:</b> <input type="checkbox"/> same as home address or: _____		<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Business Phone:</b> _____		<b>Business Fax:</b> _____		
<b>Email:</b> _____		<b>Website:</b> _____		

**Part V: Request for Counseling / Signature**

**This section is required if you are receiving counseling, coaching, or are planning to enroll in a training course.**

I request business counseling service from the Small Business Administration (SBA) or an SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services. I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services **Yes**  **No** . I understand that any information disclosed will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees 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 relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Resource Partners and host organizations, arising from this assistance. Please note: The estimated burden for completing this form is 18 minutes. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: U.S. Small Business Administration, 409 3rd Street, SW, Washington, DC 20416, and to: Desk Officer SBA, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503. OMB Approval (3245-0324). PLEASE DO NOT SEND FORMS TO OMB

<b>Preferred date &amp; Time for appointment</b>			
<b>Date:</b> _____	<b>Time:</b> _____	<b>Client Signature:</b> _____	<b>Date:</b> _____