

## CLIENT INTAKE FORM

### Counseling and Training Information

Type of Client:

- ☐ Face to face  
☐ Online  
☐ Telephone



Name of office providing the service: ☐ PACE    ☐ WBC    ☐ WBC enhancement  
City / State of Office Location: 1055 Wilshire Blvd., 900B Los Angeles CA 90017

#### PART I: Client Information

*As part of our reporting requirements to funders, we ask that you complete this form at intake 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.*

1. Client Name (First M. Last)			2. Birth Date: MM/DD/YY		
3. Home Address:		City:	County:	State:	Zip:
4. Home Phone:	Mobile:	Work Phone:			
5. Email: <input type="checkbox"/> Yes! Please send me email updates from PACE-WBC.					
6. Mailing Address: (if different from residential)					
City:		County:	State:	Zip:	
7. What is the nature of the counseling you are seeking? (Choose all that apply)					
<input type="checkbox"/> Start-Up Assistance – (How do I start a small business?) <input type="checkbox"/> Business Plan <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Financing / Capital (such as applying for a loan, building equity capital) <input type="checkbox"/> Business Accounting / Budget		<input type="checkbox"/> Customer Relations <input type="checkbox"/> Managing a Business <input type="checkbox"/> Tax Planning <input type="checkbox"/> Technology / Computers		<input type="checkbox"/> Legal Issues (such as, should I incorporate?) <input type="checkbox"/> Intellectual Property <input type="checkbox"/> International Trade <input type="checkbox"/> Franchising <input type="checkbox"/> Government Contracting (including certifications)	
<input type="checkbox"/> eCommerce (using the Internet to do business) <input type="checkbox"/> Marketing / Sales (promotion, market research, pricing, etc.) <input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Buying / Selling a Business <input type="checkbox"/> Cyber Security / Awareness					

8. Please specify other counseling needed: \_\_\_\_\_

#### PART II: Client Intake (to be completed by all clients)

9. Race (check <u>all that apply</u> ):					
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Biracial/Multiracial    Other: _____					
10. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		11. Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
13. Military Status <input type="checkbox"/> No Military, Reserve or National Guard service		<input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran		<input type="checkbox"/> Member of Reserve <input type="checkbox"/> Active Duty <input type="checkbox"/> Member of the National Guard <input type="checkbox"/> Spouse of Military Member	
14. Referred by? (Select all that apply)					
<input type="checkbox"/> SBA District Office <input type="checkbox"/> Lender <input type="checkbox"/> Business Owners <input type="checkbox"/> SBA Website <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> SCORE <input type="checkbox"/> VBOC <input type="checkbox"/> PTAC <input type="checkbox"/> WBC <input type="checkbox"/> SBDC <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other clients <input type="checkbox"/> Television/radio <input type="checkbox"/> Internet website <input type="checkbox"/> Booths to Business <input type="checkbox"/> Educational Institution <input type="checkbox"/> Magazine/newspaper <input type="checkbox"/> U.S. Trade & Development Agency <input type="checkbox"/> Local Economic Development Official <input type="checkbox"/> Other: _____					
15. Which of the following BEST describes your current business status:					
<input type="checkbox"/> Pre-business (no sales) <input type="checkbox"/> Start-up (in business less than 1 year <u>with sales</u> ) <input type="checkbox"/> Ongoing (in business more than 1 year <u>with sales</u> )					
If your business is in the <u>Start-up or Ongoing phase</u> , please complete the following information. If not in business, <u>skip to the next page</u> .					
16. Business legal structure: <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: _____					
17. Business Name (DBA/Entity): _____					
18. Business Address: <input type="checkbox"/> same as home address or: Address:					
City:		State:		Zip:	
19. Business Phone:		Business Fax:		20. NAICS #	
21. Email:		22. Website:			
23. Type of Business (choose primary category)					
<input type="checkbox"/> Mining <input type="checkbox"/> Utilities <input type="checkbox"/> Information <input type="checkbox"/> Construction <input type="checkbox"/> Retail Trade		<input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance and Insurance <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Educational Services		<input type="checkbox"/> Real Estate & Rental & Leasing <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Transportation & Warehousing	
<input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Waste Management & Remediation Services <input type="checkbox"/> Other: _____					
24. Business Started: MM/ DD/ YY		25. Business Ownership: What percentage of your business is male or female ownership? _____% Female    ____% Male		26. Business Status: <input type="checkbox"/> Full-time (35+ hrs/week) <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal*	
27. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No		28. Are you a home-based business? <input type="checkbox"/> Yes <input type="checkbox"/> No		29. Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
30. For your most recent full business year, what were your: Annual Gross Revenue / Sales: \$ _____ Annual Profits (+) / Losses (-): \$ _____ Annual Sales related to exporting: \$ _____					
31. Employment Status (check all that apply): <input type="checkbox"/> Working in my business (self-employed) <input type="checkbox"/> Working for someone else <input type="checkbox"/> Not employed (whether seeking or not seeking employment)					
32. If employed by someone else, is this work: <input type="checkbox"/> Full-time    OR <input type="checkbox"/> Part-time? (if part time, please list average hours per week): _____ What is your wage at this job? \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year					
33. What is your current total annual household income from all sources before taxes? \$ _____ (Include your employment wages, self-employment income, spouse and/or partner income, etc.)				34. Household Size: _____ (Including yourself)	

<b>Request for Counseling / Signature</b>			
<p>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</p> <p><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No.</b> 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. I certify that the information provided on this form is complete and accurate.</p>			
<b>Preferred date &amp; Time for appointment (optional)</b>			
<b>Date:</b>	<b>Time:</b>	<b>Client Signature:</b>	<b>Date:</b>

PART III: Counselor Record					
<b>35. Client Name</b> (First M. Last)				<b>36. Birth Date:</b> M/DD/YY	
<b>37. Home Address:</b>		<b>City:</b>		<b>County:</b>	
<b>38. Home Phone:</b>		<b>Mobile:</b>		<b>Work Phone:</b>	
<b>39. Email:</b> <input type="checkbox"/> Yes! Please send me email updates from PACE-WBC.					
<b>40. Business Address:</b> (if different from residential) Street Address: _____ City: _____ County: _____ State: _____ Zip: _____					
<b>41. Is the client currently in business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>42. Is the client currently exporting?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have client complete Appendix A.		
<b>43. Business Description:</b>					
<b>44. Business Status:</b> <input type="checkbox"/> Full-time (35+ hrs/week) <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal*					
# employees besides yourself: Full-time: (35+ hrs/week) _____ Part-time: _____ Seasonal* _____ # engaged in exporting: _____					
# Independent Contractors : Full-time: (35+ hrs/week) _____ Part-time: _____ Seasonal* _____ # engaged in exporting: _____					
*Seasonal defined as working less than 9 months or less regardless of the total hours during the year.					
<b>45. SBA or Resource Partner Service Contributed to the Following</b> (Mark all that apply)					
SBA Loan Amount \$ _____ Non-SBA Loan Amount \$ _____ Amount of Equity Capital Received \$ _____ No. of Government Contracts/Subcontracts _____ Annual Value of Government Contracts/Subcontracts Received \$ _____		<b>SBA Financial Assistance</b> <input type="checkbox"/> Export Express <input type="checkbox"/> Export Working Capital Loan <input type="checkbox"/> Community Advantage <input type="checkbox"/> Micro loan <input type="checkbox"/> SBIR (Small Business Innovation Research) <input type="checkbox"/> Other (SBIR, SBIC, 7(a) 504, etc.) _____		<b>Certifications</b> <input type="checkbox"/> 8(a) <input type="checkbox"/> Hubzones <input type="checkbox"/> SDB (Small Disadvantaged Business) <input type="checkbox"/> Other (specify state, local, etc.) _____	
<b>46. What was the nature of the counseling you provided the client?</b> (Choose primary category)					
<input type="checkbox"/> Start-Up Assistance – (How do I start a small business?) <input type="checkbox"/> Business Plan <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Financing / Capital (such as applying for a loan, building equity capital) <input type="checkbox"/> Business Accounting / Budget		<input type="checkbox"/> Customer Relations <input type="checkbox"/> Managing a Business <input type="checkbox"/> Tax Planning <input type="checkbox"/> Technology / Computers		<input type="checkbox"/> Legal Issues (such as, should I incorporate?) <input type="checkbox"/> Intellectual Property <input type="checkbox"/> International Trade <input type="checkbox"/> Franchising <input type="checkbox"/> Government Contracting (including certifications)	
<input type="checkbox"/> eCommerce (using the Internet to do business) <input type="checkbox"/> Marketing / Sales (promotion, market research, pricing, etc.) <input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Buying / Selling a Business <input type="checkbox"/> Cyber Security / Awareness					
<b>47. Please specify other counseling provided:</b> _____					
<b>48. Referred Client to</b> (mark all that apply):					
<input type="checkbox"/> WBC <input type="checkbox"/> SBA District Office <input type="checkbox"/> Export/Import Bank <input type="checkbox"/> Dept. of Commerce <input type="checkbox"/> SCORE <input type="checkbox"/> USEAC <input type="checkbox"/> OPIC <input type="checkbox"/> VBOC <input type="checkbox"/> PTAC <input type="checkbox"/> Dept. of State <input type="checkbox"/> SBDC <input type="checkbox"/> State Trade Agency <input type="checkbox"/> Dept. of Agriculture <input type="checkbox"/> U.S. Trade & Development Agency <input type="checkbox"/> Other _____					
<b>49. Type of Session:</b> <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Face to Face <input type="checkbox"/> Update <input type="checkbox"/> Prep					
<b>50. Language(s) Used:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Farsi <input type="checkbox"/> Armenian <input type="checkbox"/> Other (specify): _____					
<b>51. History:</b> <input type="checkbox"/> New Case <input type="checkbox"/> Follow-up <input type="checkbox"/> One Time			<b>52. Date Couseled:</b>		
<b>53. Counselor(s) Name</b> (If multiple counselors, list lead counselor first and separate each additional counselor by a semi-colon):			<b>54. Contact Hours</b> Total contact hours that a client received.		<b>55. Prep Hours</b> Total amount of preparation spent by all the counselors for a client.
<b>56. Travel Hours</b> _____ <b>Did more than one counselor participate in this counseling session?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, how many counselors?</b> _____					
<b>57. Counselor's Notes:</b>					