



The Iowa Center for Economic Success Client Intake Form

Counseling and Training Information Form

Name of office providing the service: Iowa Center for Economic Success Type of Client:
City / State of Office Location: Clive, Iowa Face to face Online Telephone

General 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.

Today's Date:

First Name: _____ Last Name: _____ Birth Date: _____

Residential Address: _____ City: _____ County: _____ State: _____ Zip: _____

Home Phone: () Mobile: () Work Phone: ()

Email: _____

Mailing Address: (if different from residential) City: _____ County: _____ State: _____ Zip: _____

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

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

Describe specific assistance requested (expand upon your selected service above): _____

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

- SBA District SBA Website Lender Local Economic Development Official
- Business Owner Educational Institution Word of Mouth Other WBC Client Chamber of Commerce
- Online: News Article Advertisement Website: _____ Twitter Facebook
- Radio: Interview Commercial Magazine: Article Advertisement VBOC Boots to Business USEAC
- TV: Story Commercial Newspaper: Article Advertisement Other (please specify): _____

Referral Details (name of individual/publication, location of flyer, etc.): _____

General Information

Race (check ONE):

- American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Gender: Female Male Disabled: Yes No Ethnicity: Hispanic or Latino Not Hispanic or Latino

Family Status: Single without dependents Single Parent/with 1 or more dependent: # of dependents _____
 Joint Head of Household: # of dependents _____

Military Status (check one): No Military, Reserve or National Guard service Member of Reserve Member of the National Guard
 Veteran Active Duty Spouse of Military Member Service-Disabled Veteran

Are you a refugee or asylum seeker? Yes No The Iowa Center proudly serves ex-offenders. Have you been incarcerated?
 Yes No Dates of Incarceration? _____

Education Level: Elementary/middle school High School/GED Some College Trade School 2-Year College Degree
 4-Year College Degree Graduate School

Employment, Income and Benefits Information

Employment Status (check all that apply): Working in my business (self-employed) Working for someone else
 Not employed (whether seeking or not seeking employment) Student

If employed by someone else, is this work: Full-time OR Part-time?

What is your current total annual household income from all sources before taxes? \$ _____ Household Size: _____
(include your employment wages, self-employment income, spouse and/or partner income, etc.) (including yourself)

Do you currently receive: TANF Yes No Food Stamps Yes No Rent Assistance Yes No
 Other public assistance (specify): _____

First Name: _____ Last Name: _____

Business Information (complete only if in business currently)

Which of the following **BEST** describes your current business status:

Start-up (in business less than 1 year) Ongoing (in business more than 1 year)

Business Name: _____

Business Address: same as home address or:

Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____ DUNS #: _____

Email: _____ Website: _____ Social Media Handles: _____

Type of Business (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) |

Are you currently exporting? Yes No (If yes, please ask a staff member for a form on which you can identify the countries to which you are exporting)

Is your business located in an urban or rural location? Urban Rural

Month and Year Business Started: _____/_____/_____	Business Ownership: What percentage of your business is male or female ownership? _____% Female ____% Male	Business Status: <input type="checkbox"/> Full-time (35+ hrs/week) <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal*	Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a home-based business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
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employees besides yourself: Full-time (35+ hrs/week) _____ Part-time _____ Seasonal* _____ # engaged in exporting: _____

contractors besides yourself: 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. Employees includes partners paid by the business. EDMIS counts each position (contractors, employees): full time + part time + seasonal = # of jobs

For most recent full business year, what were your: Gross Revenue / Sales: \$ _____ Sales related to exporting: \$ _____

Profits (+) / Losses (-): \$ _____ Owner's Draw (business income used for personal/household expenses): \$ _____

Business legal structure: Sole Proprietorship Corporation LLC S-Corporation Partnership

Other: _____

Business Description (products/services, etc...): _____

Business Idea (If you are not in business but want to tell us about your idea!)

Request for Counseling / Signature (for counseling clients only)

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.

I certify that the information provided on this form is complete and accurate.

Preferred date & Time for appointment (optional) _____ Date: _____ Time: _____

Client Signature: _____ Date: _____