

Client Information Form

1. Center Name: Angelo State University

2. Center Location: San Angelo, Texas

PART I: Client Request for Counseling

3. Client Name (Last, First, MI)		4. E-mail Address		
5. Telephone Home: _____ Business: _____		6. Fax		
7. Street Address/P.O. Box		8. City	9. State	10. ZIP Code
<p>11. I request business management assistance from the Regional Assistance Center. I agree to cooperate should I be selected to participate in surveys designed to evaluate the Regional Assistance Center's services. I authorize the center to furnish relevant information to the assigned management counselor(s), although I expect that information to be held in strict confidence by him/her.</p> <p>I further understand that all counselors have agreed not to 1) recommend goods or services from sources in which they have an interest, and 2) accept fees or commissions developing from this counseling relationship. By my signature below, and in consideration of the center's furnishing of management or technical assistance, I waive all claims against the center's personnel and its host organization.</p> <p>I understand that there are no warranties or assurances in connection with the counseling assistance.</p>				
12. Preferred date/time for appointment Date: _____ Time: _____		13. Client Signature		Date

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

14. Ethnicity <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	15. Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	17. Person with Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to respond
18a. Military Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran	18a. Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty		
19. Referral From <input type="checkbox"/> SBA Network Program <input type="checkbox"/> Client/Word of Mouth <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Bank <input type="checkbox"/> Magazine <input type="checkbox"/> College/University <input type="checkbox"/> Business Owner <input type="checkbox"/> Internet <input type="checkbox"/> Local EDC <input type="checkbox"/> Television/Radio <input type="checkbox"/> Newspapers <input type="checkbox"/> Other: _____			

20. Business Status <input type="checkbox"/> Currently in Business (over one year) <input type="checkbox"/> Start-up (in business less than one year) <input type="checkbox"/> Nascent/considering starting a small business -- skip to 30	21. Name of Company
22. Business Type <input type="checkbox"/> Construction Concern <input type="checkbox"/> Financing <input type="checkbox"/> Surplus Dealer <input type="checkbox"/> Not in Business <input type="checkbox"/> Retail Dealer <input type="checkbox"/> Wholesale Dealer <input type="checkbox"/> Agriculture <input type="checkbox"/> Other: _____ <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Research/Development <input type="checkbox"/> Service Establishment	

23. Business Ownership Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male/Female (50/50)	24. Date Established	25. Business Online? <input type="checkbox"/> Yes <input type="checkbox"/> No	26. Home-Based Business? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
27a. Full-Time Employees 27b. Part-Time Employees	28. For the most recent full year, what were your: Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____		29. Organization Type <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sub S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____																				
30. Area(s) of Counseling Requested <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Start-up Assistance</td> <td><input type="checkbox"/> Human Resources</td> <td><input type="checkbox"/> Marketing/Sales</td> <td><input type="checkbox"/> Technology/Computers</td> </tr> <tr> <td><input type="checkbox"/> Business Plan</td> <td><input type="checkbox"/> Customer Relations</td> <td><input type="checkbox"/> Government Contracting</td> <td><input type="checkbox"/> eCommerce</td> </tr> <tr> <td><input type="checkbox"/> Financing/Capital</td> <td><input type="checkbox"/> Business Accounting</td> <td><input type="checkbox"/> Franchising</td> <td><input type="checkbox"/> Legal Issues</td> </tr> <tr> <td><input type="checkbox"/> Managing a Business</td> <td><input type="checkbox"/> Cash Flow Management</td> <td><input type="checkbox"/> Buy/Sell Business</td> <td><input type="checkbox"/> International Trade</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Tax Planning</td> <td></td> <td></td> </tr> </table>				<input type="checkbox"/> Start-up Assistance	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Marketing/Sales	<input type="checkbox"/> Technology/Computers	<input type="checkbox"/> Business Plan	<input type="checkbox"/> Customer Relations	<input type="checkbox"/> Government Contracting	<input type="checkbox"/> eCommerce	<input type="checkbox"/> Financing/Capital	<input type="checkbox"/> Business Accounting	<input type="checkbox"/> Franchising	<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Managing a Business	<input type="checkbox"/> Cash Flow Management	<input type="checkbox"/> Buy/Sell Business	<input type="checkbox"/> International Trade		<input type="checkbox"/> Tax Planning		
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31. Describe specific assistance requested: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																							