

1. Name of the Office Providing the Service: NCK
 2. City/State of Office Location: Concordia, KS

Client Information Form

1a. Type of Client: Face to Face Online Telephone

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 counseling from a Small Business Administration resource partner, the Small Business Development Center. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA assistance services. I understand that any information received by an SBA resource partner counselor will be held in strict confidence by the counselor to the extent allowable by law. I further understand that SBA resource partner counselors have agreed not to: (1) recommend goods or services from sources in which the individual counselor has an interest; and (2) accept fees or commissions developing from any SBA resource partner counselors. In consideration of the provision of management and/or technical assistance by a resource partner counselor, I agree to waive all claims arising out of this assistance, against SBA personnel, the resource partner from whom I sought assistance, its host organizations, and the counselor(s) arising from this assistance.</p> <p>I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services (<input type="checkbox"/> Yes <input type="checkbox"/> No)</p>				
12. Preferred date/time for appointment Date: _____ Time: _____		13. Client Signature		Date: _____

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

14. Race <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander		15. Ethnicity <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin		16. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	17. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Veteran 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. What prompted you to contact us? <input type="checkbox"/> SBA District <input type="checkbox"/> SBA Web site <input type="checkbox"/> Client/Word of Mouth <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Lender <input type="checkbox"/> Magazine <input type="checkbox"/> Educational Institution <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"/> Other: _____					
20. Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 30)			21. Name of Company		
22. Business Type <input type="checkbox"/> Mining <input type="checkbox"/> Manufacturing <input type="checkbox"/> Real Estate <input type="checkbox"/> Professional Services <input type="checkbox"/> Utilities <input type="checkbox"/> Finance and Insurance <input type="checkbox"/> Health Care <input type="checkbox"/> Management <input type="checkbox"/> Information <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Accommodation/Food Services <input type="checkbox"/> Agriculture <input type="checkbox"/> Construction <input type="checkbox"/> Public Administration <input type="checkbox"/> Arts/Entertainment <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 <input type="checkbox"/> Other Services					
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. Are you a home-based business? <input type="checkbox"/> Yes <input type="checkbox"/> No	26a. Are you 8(a) certified? Yes No
27a. Full-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: _____	
27b. Part-Time Employees					
30. Area(s) of Counseling Requested <input type="checkbox"/> Start-up Assistance <input type="checkbox"/> Human Resources/Managing Employees <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/Budget <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 <input type="checkbox"/> Other: _____					
31. Describe specific assistance requested:					

