



Client Intake Form



Partner Client No. _____

Session No. _____

Name of Office Providing the Service: <input type="checkbox"/> MCE Women's Business Center <input type="checkbox"/> MCE	Type of Client: <input type="checkbox"/> Face to face <input type="checkbox"/> Online <input type="checkbox"/> Telephone
City/State Office Location: <input type="checkbox"/> Salisbury, MD <input type="checkbox"/> Baltimore, MD	

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

Client Name: _____		DOB: / /	
Residential Address: _____		City: _____	State: _____
Home Phone: () _____		Mobile: () _____	Work Phone: () _____
Email: _____		Website: _____	

Part II: Client Intake and Demographic Information:

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed	Family Status (Check all that apply): <input type="checkbox"/> Head of Household <input type="checkbox"/> Joint Head of Household <input type="checkbox"/> Single Parent	Household Income: Are you currently receiving TANF (Temporary Assistance for Needy Families)? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Adults in Household (Over 18) _____ Number of Children in Household (Under 18): _____ Annual Household Income: \$ _____ My Individual Income: \$ _____	
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Highest Level of Education: <input type="checkbox"/> Elementary/middle school <input type="checkbox"/> Some College <input type="checkbox"/> High School/GED <input type="checkbox"/> College Degree <input type="checkbox"/> Trade School <input type="checkbox"/> Graduate School
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran Status: <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran	Housing Status: <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Own <input type="checkbox"/> Live with Relatives/friends
Military Status: <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> Active Duty <input type="checkbox"/> N/A			

Part III: Business Information:

Do you currently own a business? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Started: / /	Name of Business: _____		
If yes, are you currently exporting? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested?	NAICS Code: _____ % Ownership: %M _____ %F _____		
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	For your most recent full year, what were your: Gross Revenue/Sales: \$ _____ Profits/Losses: \$ _____

Type of Business: (choose primary category)

Professional, Scientific & Technical Services Mining Manufacturing Real Estate & Rental & Leasing Management of Companies & Enterprises Utilities Finance & Insurance Health Care & Social Assistance Agriculture, Forestry, Fishing & Hunting Information Wholesale Trade Accommodation & Food Services Administrative & Support Construction Public Administration Arts, Entertainment & Recreation Waste Management & Remediation Services Retail Trade Educational Services Transportation & Warehousing Other Services (except Public Administration)

Employee Information: Do you have paid employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? # of Full Time (>35 hrs/wk): _____ # of Part Time(<35 hrs/wk): _____	What is the legal entity of your business? <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
If no, how many jobs will you create: # of Full Time (>35 hrs/wk): _____ # of Part Time(<35 hrs/wk): _____	

Part IV: Follow-up Information:

How did you hear about us? (mark all that apply) :

- SBA District Office SBDC Other Client Magazine/Newspaper Lender USEAC Educational Institution Word of Mouth Television/Radio
 Business Owner SCORE Local Economic Development Official SBA Website WBC Chamber of Commerce Internet/Social Media (please specify website, Linked In, Facebook, Twitter, etc.) Other (specify): _____

What is the nature of counseling you are seeking? (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)
 Managing a Business Human Resources/Managing Employees Customer Relations Business Accounting/Budget Cash Flow Management
 Tax Planning Marketing/Sales (promotion, market research, pricing, etc.) Government Contracting (including certifications) Franchising
 Buy/Sell Business Technology/Computers eCommerce (using the internet to do business) Legal Issues (such as, Should I incorporate?)
 International Trade

From time to time, Maryland Capital Enterprises, Inc. collects follow-up information from its clients to learn more about the economic, business and employment experiences clients have experienced. I agree, as an active client, to provide certain information to Maryland Capital Enterprises, Inc. on a timely basis. If I am asked to provide confidential data, I am assured that my name will not be attached to the data and I can be confident that the information will be shared in a trustworthy manner. By my signature below, and in consideration of MCE's furnishing of management or technical assistance, I waive all claims against MCE's personnel or Board of Directors. I understand that there are no warranties or assurances in connection with the counseling assistance.

Would you like to be added to MCE's Constant Contact Email List to be notified of upcoming training seminars and workshops? Yes No

Request for business counseling: 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.**

Preferred Appt. Time:
(If applicable)

Client Signature:

Date: / /