



# Client Information Form

Office Use Only	Staff:
Community:	
Type: C T V	Census Tract:

In order to meet the needs of many business owners and entrepreneurs, we must carefully review and evaluate the effectiveness of our programs to our supporters, stakeholders, and funding sources. Information is for secure recordkeeping and required federal reporting purposes only. Thank you for your assistance.

**Business owners will also be asked to complete a Business Information Form.**

**Today's Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **Name of your Business:** \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(No PO Boxes)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**1. What is your marital status?** (please check one):

- Single                                       Married                                       Domestic Partnership  
 Separated                                       Divorced                                       Widowed

**2. What is your race?** (please check all that apply):

- American Indian/Alaskan Native                       Asian                                       Black/African American  
 Native Hawaiian/Pacific Islander                       White/Caucasian

**3. What is your ethnicity?** (please check one):

- Hispanic/Latino                                       Non-Hispanic/Latino

**4. What language are you most comfortable speaking?** (please check one):

- English                                       Hmong                                       Spanish  
 Other (please describe): \_\_\_\_\_

**5. What is your gender?** (please check one):

- Female                                       Male                                       Transgender

**6. What is your current veteran or military status?** (please check one):

- Active Duty                                       National Guard/Reserve                       Disabled Veteran  
 Veteran                                       Not Applicable

**7. What is your current or highest military rank?** (please check one):

- E1 to E5                                       E6 to E9                                       WO1 to WO5  
 O1 to O3                                       O4 or above                                       Dependent  
 Not Applicable

**8. Do you consider yourself a person with a disability?** (please check one):

- Yes                                       No

**9. Are you a head of household\*?** (please check one):

- \*Unmarried and provide at least 50% of household income for yourself and dependents or other qualified individuals.*  
 Yes                                       No

**10. Including yourself, how many people live in your household?** (please fill in):

\_\_\_\_\_ Adults                      \_\_\_\_\_ Children

**11. What was the highest grade level you completed in school?** (please circle one):

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21      **Other:** \_\_\_\_\_

12. **Have you taken any courses of training that are relevant to your business idea?** (please check one):  
 Yes  No

13. **What is your current employment status?** (please check one):  
 Employed by someone else  Self-employed  
 Employed by someone else **and** self employed  Unemployed  
 Retired

14. **Which of the following best describes your current self-employment situation?** (please check one):  
 Thinking about starting a business  
 In the process of starting a business but have made no sales  
 Have opened a business and made sales within the past 12 months (*please complete Business Info Form*)  
 Have been in business with sales for more than 12 months (*please complete Business Info Form*)  
 Not Applicable- Not seeking self-employment

15. **Does your household currently receive any of the following assistance?** (please check all that apply):  
 W2/TANF  Food Stamps  WIC  Rent Assistance  
 Medicare  Medicaid  SSI  SSDI  
 Unemployment  Other  None/Not Applicable

16. **Please estimate your household's current annual before-tax income:**  
*Because we are a government funded organization, we are required to verify the income of the clients we serve. This information is used for secure recordkeeping and reporting purposes only.*  
\$ \_\_\_\_\_ /year, or:  My household has no income at this time.

17. **Is there someone else in your household earning income (spouse, partner, adult child, or other roommate)?**  
(please check one):  
 Yes  No

18. **How did you hear about our program?** (please check one):  
 SBA  Magazine/Newspaper  Chamber of Commerce  Word of Mouth  
 Lender  Internet/Social Media  Educational Institution  SBDC  
 Business Owner  SBA Website  Local Economic Development Official  SCORE  
 Television/Radio  WWBIC Website  Expo/Trade Show  WBC  
 Other Client  WWBIC Direct Mail  Government Office  
 **Other** (please describe): \_\_\_\_\_

19. **Is it important to you that this program targets women?** (please check one):  
 Yes  No

20. As a WWBIC client, you will automatically receive access to Wisconsin Saves. At no cost, you will receive newsletters and opportunities to participate in informational workshops to help you attain financial goals such as savings, college planning, and debt reduction.  No, I do not wish to receive the listed benefits.

#### Request for Assistance and Certification

I request business management counseling and/or training from the Wisconsin Women's Business Initiative Corporation (WWBIC) which is funded partly by the US Small Business Administration. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA-funded services. I understand that any information received by WWBIC will be held in confidence to the extent permitted by law.

I further understand that the counselor or trainer in this program has agreed 1) not to recommend goods or services in which he/she has an interest; and 2) not to accept fees or commissions developing from this counseling relationship. In consideration of SBA's funding of WWBIC and the assistance to be furnished, I agree to waive all claims arising out of this assistance against SBA personnel, WWBIC and the counselor(s) who assisted me.

I formally authorize WWBIC to use my name and image for promotional activities sponsored by WWBIC.

I certify that all my statements on this form are correct to the best of my knowledge and that I will cooperate in providing follow-up information needed to evaluate the effectiveness of the program if asked by an authorized representative of WWBIC.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_