



# CHI ISHOBAK

## CLIENT INTAKE FORM

CONTACT INFORMATION			
First Name:	Middle Name:	Last Name:	
Social Security Number:		Date of Birth:	
Mailing Address:	City:	State:	Zip:
Physical Address (if different):	City:	State:	Zip:
Email:	County:		
Cell Phone:	Work Phone:	Home Phone:	
What is the best way to contact you?		Would you like to be included on our mailing list?	
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tribal Affiliation:		Tribal Enrollment Number:	
<input type="checkbox"/> Pokagon Band of Potawatomi <input type="checkbox"/> Other Tribe:			
Employee Affiliation:		Position:	Hire Date:
<input type="checkbox"/> Pokagon Band Government Employee <input type="checkbox"/> Four Winds Casino Resort Employee			
Highest Level of Education Completed:			
<input type="checkbox"/> Some High School or less <input type="checkbox"/> GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Advanced Degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree			
Employment Status:			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student, Job Training <input type="checkbox"/> Retired			
Checking Account:		Savings Account:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you know your credit score?		Credit Score	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

If yes, how would you describe your credit score?	
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Self-Employed <input type="checkbox"/> Average <input type="checkbox"/> Bad <input type="checkbox"/> No Credit	
Do you have any active collections/judgments?	Did you file Federal and State Income Taxes last year?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you learn about Chi Ishobak?	
<input type="checkbox"/> Website <input type="checkbox"/> Newsletter <input type="checkbox"/> Brochure/Rack Card <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Referral <input type="checkbox"/> Social Media	

## PERSONAL INFORMATION

**Our organization is frequently funded by the Federal Government and as such we request your gender and race/ethnicity in order to comply with Federal laws prohibiting discrimination against applicants seeking to participate in programs. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to complete the information below, we are required to note the race and ethnicity of applicants on the basis of visual observation or surname.**

**I do not wish to furnish gender, ethnicity, and race information. Initials**

Gender:	Ethnicity:
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	
<input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other:	

## YOUR INTERESTS

What are you interested in?	
<input type="checkbox"/> Loan	<input type="checkbox"/> One-on-One Technical Assistance
<input type="checkbox"/> Business Start-up/Expansion <input type="checkbox"/> Automobile Purchase/Re-finance/Repair <input type="checkbox"/> Credit Builder <input type="checkbox"/> Emergency Home Improvement	<input type="checkbox"/> Business Development/Planning <input type="checkbox"/> Business Management <input type="checkbox"/> Personal Financial Management <input type="checkbox"/> Credit Building/Repair

## BUSINESS INFORMATION AND INTEREST

Do you currently own a business?		What is the name of your business?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
What date did you start your business?		What industry does your business operate in?	
Please provide a general description of your business, including the products/services you offer:			
Are you interested in expanding your existing business?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please describe the business expansion project:			
Are you interested in starting a new business?		Do you have a business plan?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you comfortable writing a business plan?		What industry would your business operate in?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please provide a general description of the business you would like to start, including the products/services you would offer:			

## FINANCIAL INFORMATION

Total Size of Household:		Number of Adults over 18:		Number of Children under 18:	
Gross Salary/Wages per month			Net Salary/Wages per month		
\$			\$		
Other Sources of Income					
\$		Source:		\$	
Do you receive TANF?			Do you receive SNAP/EBT?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you receive any other benefits?			If yes, please explain:		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Is any income listed in this section likely to be reduced in the next two years?			If yes, please explain		
<input type="checkbox"/> Yes <input type="checkbox"/> No					