

## Client Intake Form

### CONTACT INFORMATION

NAME		TODAY'S DATE	
DATE OF BIRTH		CELL PHONE	
EMAIL		HOME PHONE OR 2 <sup>ND</sup> PHONE	
STREET	CITY	STATE	ZIP
DISTRICT/COMMUNITY			

### BACKGROUND INFORMATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION/VOCATIONAL TRAINING?			
<input type="checkbox"/> Elementary School	<input type="checkbox"/> Middle School/Junior High	<input type="checkbox"/> Some High School	<input type="checkbox"/> High School Diploma
<input type="checkbox"/> GED	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Technical Degree
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Graduate Degree		
RACE (SELECT ALL THAT APPLY)			ETHNICITY
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/ African American	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White		
ARE YOU A TRIBAL MEMBER?		IF YES, WHAT TRIBE?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
DO YOU CONSIDER YOURSELF AN ARTIST?		IF YES, WHAT TYPE OF ARTS/CRAFTS DO YOU DO?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

### INCOME, EXPENSES, AND ASSETS

WHAT IS YOUR ANNUAL INCOME?		WHAT IS THE ESTIMATED VALUE OF YOUR ASSETS (EX: CASH, REAL ESTATE, RESIDENCE, VEHICLES, ETC.)?	
\$		\$	
DO YOU RECEIVE SNAP?		DO YOU RECEIVE TANF?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
WHAT ARE YOUR ESTIMATED MONTHLY EXPENSES?		WHAT IS THE ESTIMATED VALUE OF YOUR LIABILITIES (EX: CREDIT CARDS, CAR LOANS, BUSINESS LOANS, ETC.)?	
\$		\$	
CURRENT HOUSEHOLD SIZE			
Total number of people:		Number of adults:	Number of children (under age of 18):
DO YOU KNOW YOUR CREDIT SCORE?		IF YES, WHAT IS YOUR SCORE?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YOU ARE UNSURE OF YOUR ACTUAL SCORE, CAN YOU DESCRIBE IT? CHOOSE ONE OPTION BELOW.			
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Okay	<input type="checkbox"/> Bad <input type="checkbox"/> Not Sure
DO YOU OWN A HOME?		DO YOU HAVE A GOAL TO ONE DAY OWN A HOME?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

*continued on next page...*

## FAMILY, COMMUNITY, AND CULTURE

RATE THE FOLLOWING STATEMENTS.

STATEMENT	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
I fully understand and appreciate the need to save and invest for the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the necessary knowledge to set realistic financial goals for my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I share financial knowledge with other family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I share financial knowledge with other community members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I refer other community members to Lakota Funds' programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I participate in community events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am knowledgeable about my culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I participate in cultural events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHAT TYPE OF CULTURAL EVENTS DO YOU PARTICIPATE IN ON A REGULAR BASIS?

## BUSINESS INFORMATION

If you are interested in starting up a business or have an existing business, please complete this section. If not, skip to the next section.

DO YOU CURRENTLY HAVE A BUSINESS OR HAVE YOU STARTED A NEW BUSINESS?	IF YES, WHAT IS YOUR CURRENT STAGE OF BUSINESS DEVELOPMENT?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Start-Up <input type="checkbox"/> Existing Business

DURING THE LAST 12 MONTHS, MY BUSINESS PROFITS HAVE	IN THE PAST YEAR. (CHECK ONE)
<input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Stayed the Same	

IF THEY HAVE CHANGED, HOW MUCH HAVE THEY INCREASED OR DECREASED SINCE LAST YEAR?

DURING THE LAST 12 MONTHS, MY BUSINESS HAS	IN THE PAST YEAR. (CHECK ONE)
<input type="checkbox"/> Provided more jobs <input type="checkbox"/> Decreased jobs <input type="checkbox"/> Provided the same amount of jobs	

IF YOUR BUSINESS INCREASED THE AMOUNT OF JOBS FROM LAST YEAR, WHAT TYPE WERE THEY? (CHECK ALL THAT APPLY)

<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal
---

HOW MANY OF EACH TYPE OF POSITION WAS CREATED?

Full-time:		Part-time:		Seasonal:	
------------	--	------------	--	-----------	--

IF YOUR BUSINESS DECREASED THE AMOUNT OF JOBS FROM LAST YEAR, WHAT TYPE WERE THEY? (CHECK ALL THAT APPLY)

<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal
---

HOW MANY OF EACH TYPE OF POSITION WAS DECREASED?

Full-time:		Part-time:		Seasonal:	
------------	--	------------	--	-----------	--

AS AN ENTREPRENEUR, WHAT DOES SATISFACTION MEAN TO YOU?

RATE THE FOLLOWING STATEMENT.

STATEMENT	STRONGLY AGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
I am currently satisfied as an entrepreneur.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**REFERRAL INFORMATION**

**HOW DID YOU FIND OUT ABOUT OUR PROGRAMS AND SERVICES?**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Lender                  | <input type="checkbox"/> Realtor                  | <input type="checkbox"/> Family Member or Friend       | <input type="checkbox"/> TV/Radio      |
| <input type="checkbox"/> Newspaper               | <input type="checkbox"/> Internet or Social Media | <input type="checkbox"/> Government Agency             | <input type="checkbox"/> Tribal Agency |
| <input type="checkbox"/> Non-profit Organization | <input type="checkbox"/> Walk-In                  | <input type="checkbox"/> Other (please specify): _____ |  |

**OFFICE USE ONLY**

The following section will be completed by Lakota Funds staff.

**PROGRAMS, TRAINING, CERTIFICATES, AND OTHER RESOURCES**

**WHAT PROGRAMS, TRAININGS, OR SERVICES WILL THE CLIENT BE PARTICIPATING IN?**