

MicroTracker Intake Form

Contact Information							
Last Name		First Name		MI	Application Date		
Mailing Address		City		State	Zip Code		
Home Phone Number		Work Number		Fax Number			
Cell Number		E-mail Address			Website		
Please provide the names of two people who know you and can relay a message from [PROGRAM NAME] if you move.							
Name: _____		Phone Number: _____		Relation: _____			
Name: _____		Phone Number: _____		Relation: _____			
Business Name		Business Phone Number		Business Fax Number			
		()		()			
Business Address		City		State	Zip Code		
Household Information							
Ethnicity	American Indian or Alaskan Native <input type="checkbox"/>		African American <input type="checkbox"/>		Native Hawaiian/Alaska Native <input type="checkbox"/>		Mixed-Race <input type="checkbox"/>
	Asian/Pacific Islander <input type="checkbox"/>		Hispanic/Latino <input type="checkbox"/>		White/Caucasian <input type="checkbox"/>		Other <input type="checkbox"/>
Gender	Female <input type="checkbox"/>		Are currently receiving any public assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Male <input type="checkbox"/>		Total Number in Household _____				
Do you have a physical or mental disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Last Year's Annual Gross Income \$ _____				
			How much did you save last year: \$ _____				
Employment Information							
Employment Status:	FT Self-Emp, year round <input type="checkbox"/>		Full-Time Employed <input type="checkbox"/>		Seasonally Employed <input type="checkbox"/>		Unemployed <input type="checkbox"/>
(FT ≥ 35 hours/week)	PT Self-Emp, year round <input type="checkbox"/>		Part-Time Employed <input type="checkbox"/>				
Health Insurance Information							
Do you personally have health insurance?		Yes <input type="checkbox"/> No <input type="checkbox"/>					
Business Information							
Do you currently own a business?		Yes <input type="checkbox"/> No <input type="checkbox"/>			Date Business Started: ____/____/____		
Is this business full-time or part-time?		(FT ≥ 35 hours/week) Full-Time <input type="checkbox"/>		Part-Time <input type="checkbox"/>		Seasonal <input type="checkbox"/>	
Please describe your business:							
Do you have paid employees or contractors?		If yes, total number of paid workers in last 12 months (FT>35 hrs/wk)		Full-Time:		Seasonal/Temporary:	
Yes <input type="checkbox"/> No <input type="checkbox"/>							
Last years gross sales:		\$ _____		Amount taken out of business for personal expenses: \$ _____			
In the last year, did you take money out of your business for personal expenses?		Yes <input type="checkbox"/> No <input type="checkbox"/>					
Client Acknowledgement							
From time to time, [Program Name] 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 [Program Name] 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.							
Signature						Date	