

Contact information for 2 people we can call in an emergency or if you move:

1) Name: _____ 2) Name: _____
Relationship to you: _____ Relationship to you: _____
Phone Number 1: (____) _____ Phone Number 1: (____) _____
Phone # 2. (____) _____ Phone # 2. (____) _____

Business Information Complete this section if you are already self-employed or in business.

Business Name: _____
Business Location Address: same as where I live
City: _____ State: _____ Zip: _____
Business Mailing Address: same as location (above)
City: _____ State: _____ Zip: _____
Business Office Phone: _____ **Business Cell Phone:** _____
Business Fax Phone: _____ **Business Other Phone:** _____
Business E-mail Address: _____
Business Web Site: _____

Please give a brief description of your business product or service and the markets and customers you are targeting (please attach additional pages if desired):

When did you first receive money for your product or service on a regular basis?
(Make steady sales, likely to be more than 1 transaction in a 3 month period.) Business start date: ____/____/____

Business ownership by gender (indicate percent owned by):
 Female-owned ____% Male-owned ____%
 M/F Partnership ____% ____% F/F Partnership ____% ____% M/M Partnership ____% ____%

If you have a partner, is s/he a JEDI client as well? Yes No
If yes, what is your business partner's name?: _____

What is your business ownership structure (legal entity)?
 Sole proprietorship S Corporation Limited Liability Corporation Partnership
 Corporation Cooperative Don't know
 Other: _____

What were your total gross business sales (revenue) last year? \$ _____ (annual)

What were your average gross monthly sales (revenue each month) in the most recent 3 months?
(Please provide a snapshot of how your business is doing now.) \$ _____ (sales per month)

What is the amount of money taken out of your business for personal use last year? \$ _____ (annual)

Do you have paid employees or contractors? Yes No

If yes, how many employees did you pay in the past 12 months? (summary)
_____ Full time (≥35 hours/week) _____ Part time _____ Seasonal/temporary
Of these, how many were: _____ new jobs last year for jobless or unemployed individuals when you hired them
_____ 'formal' jobs with health benefits; _____ jobs that paid into social security, etc.;
_____ provided other benefits

If yes, how many independent contractors did you pay in the past 12 months?
_____ Full time _____ Part time _____ Seasonal/temporary

Please estimate how much the new employees or contractors worked and their characteristics:

Employee #1: Hours/week: _____ hours Months/year: _____ months Health care benefits by employer
 Unemployed at hire Disabled Woman Low income Race/ethnicity: _____

Employee #2: Hours/week: _____ hours Months/year: _____ months Health care benefits by employer
 Unemployed at hire Disabled Woman Low income Race/ethnicity: _____

Employee #3: Hours/week: _____ hours Months/year: _____ months Health care benefits by employer
 Unemployed at hire Disabled Woman Low income Race/ethnicity: _____

For Office Use: Outcome Tracker System Name ID#: _____ Data Entry Date: _____ Staff Initials: _____