

- Email Counseling  
 Telephone Counseling       On-Site Counseling

OMB Approval No. \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

## Interim Form 641

### Request for Counseling

1. Your Name (First, Middle, Last)		2. Telephone Number(s)		
3. E-Mail Address		Home ( ) _____		
		Business ( ) _____		
4. Street Address		5. City		6. County
7. State		8. Zip		
9. Race	10. Ethnicity	12. Do you consider yourself a person with a disability:	13. Veteran Status	
a. Native American or Alaskan Native <input type="checkbox"/>	a. Hispanic Origin <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	a. Veteran <input type="checkbox"/>	
b. Asian <input type="checkbox"/>	b. Not of Hispanic Origin <input type="checkbox"/>		b. Service Connected Disabled Veteran <input type="checkbox"/>	
c. Black or African American <input type="checkbox"/>	c. Choose Not To Respond <input type="checkbox"/>			
d. Native Hawaiian or other Pacific Islander <input type="checkbox"/>	11. Business Owner Gender			
e. White <input type="checkbox"/>	a. Male <input type="checkbox"/>			
f. Choose Not to Respond <input type="checkbox"/>	b. Female <input type="checkbox"/>			
14. How did you hear of us? (Check all that apply)				
a. Word of Mouth <input type="checkbox"/>	d. Chamber of Commerce <input type="checkbox"/>	g. Television <input type="checkbox"/>	j. Other _____ <input type="checkbox"/>	
b. Bank <input type="checkbox"/>	e. Internet <input type="checkbox"/>	h. Magazine <input type="checkbox"/>	k. Choose Not To Respond <input type="checkbox"/>	
c. Newspapers <input type="checkbox"/>	f. Radio <input type="checkbox"/>	i. SBA <input type="checkbox"/>		
15. Describe the nature of the counseling you are seeking.				
16. Currently in Business? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, skip to line 22)			17. Is This a Home-based Business? Yes <input type="checkbox"/> No <input type="checkbox"/>	
18. Type of Business			19. Do you conduct business online? Yes <input type="checkbox"/> No <input type="checkbox"/>	
20. Name of Company			21. Month & Year business started?	
22. Indicate preferred date & time of appointment				
Date		Time		
<p>I request business management counseling service from a Small Business Administration Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA assistance services. I authorize SBA to furnish relevant information to the assigned management counselor(s). I understand that any information disclosed to be held in strict confidence by him/her.</p> <p>I further understand that any counselor has agreed not to: (1) recommend goods or services from sources in which he/she has an interest and (2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, SCORE and its host organizations, and other SBA Resource Counselors arising from this assistance.</p> <p>Please note: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to this information collection unless it displays a valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington, DC 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval (3245-0091). PLEASE DO NOT SEND FORMS TO OMB.</p>				
Signature:			Date:	