

## SELF-EMPLOYMENT REFERRAL FORM FEASIBILITY STUDY

Counselor name: \_\_\_\_\_ VR Office: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

Best way to contact: \_\_\_\_\_

Best time of day to contact: \_\_\_\_\_

Self-Employment Goal: \_\_\_\_\_

Projected Targeted Monthly Income Goal for Business:

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Other relevant information:

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**Required referral information:**

- Self-Employment Questionnaire
- If Business Expansion – include most recent 3 years of business tax returns
- If Maintaining an Existing Business – include most recent full year business tax return
- Vocational Evaluation (Assess aptitude for bookkeeping and business skills & explore labor market information about business idea)
- Personal Finances worksheets (2 pages)
- FICO score
- Credit Report
- Criminal Background Check (if applicable)