**Name:**       **Date:**

**Who is your Nebraska VR Specialist?**

**To be successful, new business ventures require thoughtful planning. This questionnaire is designed to be a starting point to help you decide whether self-employment is for you. Nebraska VR hopes that the following questions will cover many issues that new business owners need to consider to reduce barriers to success and to assist in the development of quality business plans. Please give each question below time and consideration as you complete this questionnaire!**

**Self-Employment Traits**

1. **What are the skills or training, licenses, specialty licenses, or certifications required/needed for you to be successful in owning your business or being self-employed?**

1. **Describe your experience in the field you are wanting to own a business.**

1. **Why would owning your business be better for you than working as an employee?**

1. **What are the top three reasons you want to own a business?**

**Disability & Personal Information**

1. **What (if any) barriers does your disability present that may impact your ability to operate the business?**

1. **What will you do for health care coverage?**

1. **Do you receive benefits?**  **Yes**  **No If yes, please check benefits being received:**

**Housing Assistance  Long/short term disability payment  SNAP/Foodstamps**

**SSDI/SSI  Veteran Benefits**  **Unemployment**  **Worker’s Compensation**

**Other (please list)**

1. **Have you considered how owning a business will affect benefits?**

**Business Idea**

1. **Explain your business idea.**

1. **How did you come up with your business idea?**

1. **What does the research you’ve done tell you about this industry?**

1. **What steps/research have you taken to ensure there are enough customers willing to purchase the product/service for a profit to be made?**

1. W**ho will purchase your products and/or services and how do you know this?**

1. **What experience do you have including work experience related to this business?**

1. **Who is your competition?**

1. **Where will you access the capital to start, grow and sustain your business?**
3. **Include the amount of cash you have on hand**
4. **Describe any previous experience you have had operating a small business.**

1. **How many years did you operate the business and was it profitable?**

1. **Describe your experience hiring or managing people.**

**Business Idea continued**

1. **Describe any sales, marketing or retail experience you have.**

1. **Describe any bookkeeping experience you have.**

1. **What have you considered with regard to handling bookkeeping, taxes, and invoicing for your business?**

1. **Describe how your spouse or other family members would be involved in the business.**

1. **Will someone own your business with you?  Yes  No**
2. **Explain how you are prepared to accept the responsibilities that come with running a business?**

1. **What is essential for your business to get started?**

1. **What do you own now that can be used by your business (ex. tools, equipment, inventory, etc).**

**Business Idea continued**

1. **In general what business expenses will you have?**
2. **Overall, why do you feel you can be successful in this business?**

1. **Is there any other information you think is important to share about your self-employment venture?**

**Continued on next page**

**Can I Afford to Own a Business at This Time? (Financial Information)**

1. **Do you have an account at a bank or credit union?  Yes  No**

**If yes, indicate the type(s) of account.**  **Checking**  **Savings**

**If no account, Why?**

1. **Do you have credit cards?  Yes  No**
2. **Do you currently carry credit card debt?  Yes  No   
   If yes, list amount owed**
3. **How do you pay your bills?**         
   **Do you pay on time?**  **Yes  No**
4. **Do you know your credit score?**  **Yes  No**

**Do you know how to get your free credit history?**  **Yes  No**

1. **Do you feel your disability has affected your personal credit?  Yes  No  
   If yes, how?**
2. **Are you in default on any loans including student loans?**   **Yes  No**
3. **Have you ever filed for bankruptcy?**  **Yes  No**
4. **Have you filed federal and state tax returns for the most recent 3 years?   
    Yes  No**  **If not, why not?:**       **If yes, can you provide copies?**   **Yes  No**
5. **Do you owe any unpaid federal/state income tax?  Yes  No**