

## Self Employment Intake Screening Questionnaire

(1) What type of business are you interested in? Explain Briefly.

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(2) Did you have this business before your disability? YES NO

(3) Are you currently working with the Small Business Development Center on a business plan? YES NO

(4) If available, please provide three year business financial projections:

	1st year	2nd year	3rd year
Sales	_____	_____	_____
Cost of Goods Sold	_____	_____	_____
Gross Profit	_____	_____	_____
Operating Expense	_____	_____	_____
Net Income	_____	_____	_____

(5) Enclose copy of business plan if available