## Small Business Feasibility Referral Form

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| Area Office: |  | | Date of Referral: |  | |
| Counselor Name: |  | | Counselor Email: |  | |
| VRCC Name: |  | | Email for Invoices: |  | |
| Consumer Name: |  | | | | |
| Client ID: |  | | Consumer Email: |  | |
| Consumer Address: |  | | | | |
| Primary Phone: |  | | Cell  Home  Other: | | |
| Secondary Phone: |  | | Cell  Home  Other: | | |
| Preferred Contact Method: | | Email  Phone Call (to Primary) Text Message (to Primary) | | | |
| What is the consumer’s basic business idea? | | | | | |
|  | | | | | |
| Does the consumer have experience relevant to the proposed business plan? (If so, please describe) | | | | | Yes  No |
|  | | | | | |
| Did the consumer complete a vocational interest survey? (If so, please attach) | | | | | Yes  No |
| What are the specific disability-related limitations that need to be addressed in the feasibility study? (Please attach any relevant testing) | | | | | |
|  | | | | | |
| Are there any other specific concerns related to the business plan that need to be addressed? (If so, please describe) | | | | | Yes  No |
|  | | | | | |
| Has the consumer met with SCORE or a similar agency? (If so, what was the result?) | | | | | Yes  No |
|  | | | | | |
| Does the consumer plan to hire employees for the business? | | | | | Yes  No |
| Does the consumer have in-kind contributions that must be assessed? (If so, please describe) | | | | | Yes  No |
|  | | | | | |
| What other sources are anticipated for the consumer’s contribution? | | | | | |
|  | | | | | |
| Has the consumer completed the SBE questionnaire? (If so, please attach) | | | | | Yes  No |
| Collateral Attached:  Psychological Testing  Functional Capacity Evaluation  IEP/School Evaluation  Neuropsychological Testing  Other: | | | | | |
| Authorization Attached:  Yes  Will send at a later date (evaluation will not be scheduled without authorization in hand | | | | | |

**Authorization should include:**

SBE Feasibility Study - $1300 Flat Rate (includes the following):

* + Initial Meeting with consumer
  + Market Research
  + Assessment of Disability-Related Needs
  + Second meeting with consumer
  + Completion of report
  + Feasibility Meeting with VR

Travel - $74/hour, see travel estimate sheet or call for estimated hours

**Please email completed form to** [**referrals@adaptiveenterprisesllc.com**](mailto:referrals@adaptiveenterprisesllc.com)