



Thank you for contacting JEDI!

We are excited about the possibility of working with you. JEDI offers many business training and personal financial training services to individuals throughout Siskiyou County. To become eligible for these subsidized services, we ask you to register as a client and provide documented proof of your household income and number of dependents. Completed registration provides you with access to free services and an array of innovative programs designed to build strong businesses and economically self-sufficient families.

To facilitate this process, your registration must be completed before you receive services.

Register – Verify – Advance to Go! That's all it takes to begin working with JEDI!

STEP 1: REGISTER

Please complete the enclosed "Client Intake Form." It can also be downloaded from the JEDI website at www.e-jedi.org/pdf/cif05.pdf. Every question must be answered completely. A registration cannot be processed until all questions have been answered. Feel free to call us if you need any help completing the form at 530-926-6670.

STEP 2: VERIFY

To determine your eligibility, we will ask you to estimate your adjusted gross income (AGI) as well as the number of dependents living on this income from your most recent tax return or your annual household income from the previous 12 month period. We will compare the information with our income guidelines to see if you are income eligible. If so, you will need to provide verification of income and dependents. **See attached letter regarding acceptable income verification documents.**

Participants eligible for free JEDI services have:

- 1) Interest in starting or are already running a business with five or fewer employees including owner and
- 2) Income that qualifies within the JEDI grant guidelines. (JEDI Staff will help you identify this)

Submit a copy of your income and dependent verification along with the completed Client Intake Form to JEDI in the self addressed stamped envelope provided. You may also fax or bring the form and information to our office in Mount Shasta. Please call with any questions.

STEP 3: ADVANCE TO GO!

Upon receipt of your completed "Client Intake Form" with proof of income and dependents, we will then schedule an appointment for you with a counselor or sign you up for a workshop or class. We want to make this process as effortless as possible and we appreciate your willingness to work with us. Your JEDI registration is good for up to three years.

Once again, we look forward to your registration and to working with you to build strong businesses and financially empowered families!



Request for Income and Dependent Verification

Your willingness to assist us with this effort enables us to continue to provide free and low-cost services to you and others in Siskiyou County. Thank You!

As a JEDI Staff Member or Counselor has probably mentioned to you, we are required by several grant sources to collect documentation of household income, number of dependents, and size of business for each individual we serve.

YOU MAY SUBMIT ONE OF THE FOLLOWING FORMS OF INCOME VERIFICATION:

- **Most recent Federal Tax Return** – A tax return from the previous year may be accepted until April 15th. After April 15th the current years return is required.
 - The copy of your return must be **signed**, show **Adjusted Gross Income** (AGI), and **number of dependents** with social security numbers. If you prepared your own taxes, you also will need to order a free tax transcript from the IRS to show that your taxes were submitted. The phone number is 1-800-829-8374. JEDI can help you prepare your current and last year's tax returns through our free tax preparation service.
- **Proof of Public Assistance** from appropriate agency.
 - For example, if you receive **Food Stamps** or **General Assistance**, submit one copy of an official **Notice of Action** stating that you are eligible and for what period of time – from your case worker or the agency.
 - If you receive **SSDI**, you need a copy of your **Award of Benefits** from the Social Security Administration.
- **Other:**
Ask the JEDI Program assistant or Counselor for more details and help with this process.

If you have experienced significant changes in your household income in the last year, please note that on the income worksheet. Just give us a brief explanation and plan to discuss it with the JEDI Program Assistant for clarification.

This information will remain in your file and is held confidentially.

We realize that this involves trust and effort on your part. We appreciate your willingness to share this information with us. Again, your cooperation enables our organization to continue to provide low-cost and subsidized services to all individuals in Siskiyou County.



Instructions to Request a Free IRS Tax Transcript

If you have prepared your own Federal Income Tax Return, by hand or electronically, you will need to obtain a free Tax Transcript to show that your taxes were submitted and to verify your income for JEDI. After you provide us with your Tax Transcript, then we can complete your income verification to certify you as a JEDI client.

Internal Revenue Service (toll-free) **1-800-829-8374**

Please be prepared to answer the following automated questions.

Steps	Option to Choose
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1. Automated instructions are in English. Press 8 for Spanish (Español)
2. Press **2** for questions about your personal tax account
3. Enter your **Social Security number** on your phone keypad
4. Press **1** if correct. Press **2** if you made a mistake
5. Press **3** to **request a transcript** of your tax return
6. Enter the **numbers** of your **street address or PO Box**. (Address changed? See * below.)
7. You may listen to long descriptions of various reports the IRS provides or go to step 8 below
8. Press **2** to request **Tax Transcript**
9. Enter **year(s)** of tax transcript needed
10. Press **1** if year entered is correct. Press 2 if incorrect
11. Press **1** if entire request is correct. Press 2 if incorrect. You may request additional years.
12. Press **3** to complete your request and end the call.

* If your address has changed, you must talk to an IRS representative. Press **0** to personally speak to a representative. Be ready to give the following identifying information again:

- Social Security number
- New address, zip code
- Date of birth
- Phone number

You should receive your Tax Transcript by mail in about 10 days. If you request to have it faxed to your own fax machine, it will about 1 to 2 days. The IRS will not fax to JEDI.



Jefferson Economic Development Institute

Client Intake Form

Please read and answer all questions and print clearly

Personal Information			
1. Name: _____ <i>Last</i> <i>First</i>		2. Today's Date: ____/____/____ <i>mm/dd/yy</i>	
3. Physical Address: _____ <i>Street</i> _____ <i>City State Zip</i>			
4. Mailing Address: _____ <input type="radio"/> Same as Physical <i>Street ~ PO Box ~ Rural Route #</i> _____ <i>City State Zip</i>			
5. Email Address: _____			<input type="radio"/> Not Applicable
6. Web Site Address: http:// _____			<input type="radio"/> Not Applicable
7. Home Phone: _____ <input type="radio"/> Not Applicable	8. Work Phone: _____ <input type="radio"/> Not Applicable	9. Cell Phone: _____ <input type="radio"/> Not Applicable	10. Fax: _____ <input type="radio"/> Not Applicable
11. How did you learn about JEDI business/financial services? <i>(please check only one)</i>			
<input type="radio"/> Newspaper	<input type="radio"/> College of the Siskiyous	<input type="radio"/> Government Agency	<input type="radio"/> Superior CA EDD
<input type="radio"/> Flyer/Newsletter	<input type="radio"/> Great Northern Corporation	<input type="radio"/> Bank/Other Lender	<input type="radio"/> Training Seminar
<input type="radio"/> Friend/Relative	<input type="radio"/> STEP/Workforce Connection	<input type="radio"/> Chamber of Commerce	<input type="radio"/> Other:
12. Birth Date: ____/____/____ <i>mm/dd/yy</i>			
13. Gender: <input type="radio"/> Female <input type="radio"/> Male			
14. Racial Background:			
<input type="radio"/> American Indian or Alaska Native	<input type="radio"/> Black or African American	<input type="radio"/> White	
<input type="radio"/> Asian	<input type="radio"/> Native Hawaiiin or Other Pacific Islander	<input type="radio"/> Other	
14a. Ethnic Background: <input type="radio"/> Hispanic or Latino <input type="radio"/> Other			
15. Marital Status: <input type="radio"/> Never Married <input type="radio"/> Married <input type="radio"/> Divorced/Separated <input type="radio"/> Widowed			
16. Years of Education Completed: <i>(check the highest level)</i>			
<input type="radio"/> Less than 6th Grade	<input type="radio"/> High School Graduate/GED	<input type="radio"/> College Graduate (circle degree: AA, BS, BA, MA, Ph.D.)	
<input type="radio"/> Less than High School	<input type="radio"/> College courses, no degree	<input type="radio"/> Other, please specify:	
17. Military Status: <input type="radio"/> Non-Veteran <input type="radio"/> Veteran <input type="radio"/> Vietnam-Era Veteran <input type="radio"/> Gulf War Veteran			
18. Do you have a disability or chronic health condition that significantly limits any of your daily activities or the kind or amount of work you can do?			<input type="radio"/> Yes <input type="radio"/> No
19. Are you a Disabled Veteran? <input type="radio"/> No <input type="radio"/> Disabled Veteran <input type="radio"/> Disabled Vietnam Veteran			

Employment/Income Information

20. What is your current employment status? *Full Time = 35 hours or more a week Part Time = Less than 35 hours a week*

Please check all that apply

- Self-employed Full Time
- Self-employed Part Time
- Employed by someone else Full Time
- Employed by someone else Part Time
- Working and in school
- Laid off, waiting for call back
- Currently seeking employment
- Currently in school or job training program
- Homemaker, not seeking employment
- Disabled, not seeking employment
- Retired, not seeking employment

21. What is the current annual income of your household? \$ _____ *(Enter your Adjusted Gross Income from your Tax Return OR use the income worksheet on page 6)*

22. How many dependents live on this household income? *(include yourself)* # Adults: *(18 years or older)* _____ # Children: _____

23. Check the sources of your personal income and note the percentage of your total personal income each source represents:

- Self-employment income _____%
- Salary/Wages _____%
- Child Support _____%
- Unemployment _____%
- Parents/Family _____%
- Spousal Support _____%
- Public Assistance _____%
- Savings/Investment/Retirement/Social Security _____%
- Other, please specify: _____%

24. Do you or any member of your household currently receive any of the following? *(check all that apply)* No

- Food Stamps
- MediCal
- General Assistance
- SSI
- TANF
- Medicare
- Housing Assistance
- Social Security *(retirement)*
- SSDI

25. Have you ever been a recipient of TANF or AFDC? Yes No

26. What was the last year you received TANF or AFDC? Year: _____ yyyy Not Applicable

27. Do you have any of the following forms of health insurance/coverage for you or your family members? *(check all that apply)*

- Not Insured
- Private Insurance *Covering (check all that apply):* Self Spouse Children
- MediCal *Covering (check all that apply):* Self Spouse Children
- Medicare *Covering (check all that apply):* Self Spouse Children
- Healthy Families *Covering (check all that apply):* Self Spouse Children

Goals/Reason for Seeking Assistance

28. What are your goals in seeking assistance? *(check all that apply)*

- To improve financial literacy
- To repair credit history
- To learn about starting a business
- To write a business plan
- To start a full-time business
- To start a part-time business
- To expand or enhance an existing business
- To better manage an existing business
- To learn marketing skills
- To learn about accounting and business budgeting
- To learn to manage cash flow
- To increase personal income
- To increase household income
- To learn about taxation and tax related issues
- To learn about the legal system as it relates to business
- To obtain business financing
- Amount of financing sought: \$ _____
- Other goals, please specify: _____

29. Do you currently own a business? Yes No

30. If you are not currently in business, do you intend to start a business? Yes No Already in Business

If you checked "No" on question 29, you may skip pages 3 and 4 (Business Intake Form).

Business Information ~ *continued*

41. What is your form of business ownership?

- Sole Proprietorship S Corporation Limited Liability Company
 Partnership Corporation Cooperative

42. Business ownership gender: Male Female M/F Partnership F/F Partnership M/M Partnership

43. Business partner name: _____ Phone: _____
 I do not have a business partner *Last* *First*

44. Are you involved in international trade? Yes No Interested

45. Do you export outside Siskiyou County? Yes No

46. Where did you obtain the financing to start your business? *(please check all that apply)*

- Family/Friends Personal Savings Income from Job Government Loan Other
 Bank Loan Private Investor Business Profits Owner carry-back

47. What are your gross annual sales? *(product and/or service)* \$ _____

48. Are you breaking even? *(sales covers all expenses)* Yes No

49. How much money do you currently take from the business \$ _____
on a monthly basis for personal use? *(owner's draw)*

50. How much of your annual household income is provided by this business?

- All More than half Half Less than half None

51. What is the approximate value of your business assets? \$ _____
(Any property used in the conduct of a trade or business, such as business machinery and office furniture.)

52. What percentage of your customers are located: Inside Siskiyou County: _____% Outside Siskiyou County: _____%

53. How consistently does this business operate?

- Full Time/Year Round Full Time/Seasonal _____ months per year
 Part Time/Year Round Part Time/Seasonal _____ months per year

54. How many hours per week do you spend working in your business? _____ hours per week

55. How many paid employees do you currently have? Full Time: _____ Part Time: _____

56. How many unpaid family members or volunteers did you have working Full Time: _____ Part Time: _____
for you in the last year?

57. Did you hire an independent contractor in the last 12 months? Yes No

58. How much did you spend on an independent contractor in the last 12 months? *(estimate)* \$ _____
 Not Applicable

