



Comprehensive Client Intake Sheet for Business Start-Up

Instructions: Please fill out the following form to help us gather the necessary information to create your financial or business plan. Ensure all information is accurate and attach any required documents.

Introduction

Using the Client Intake Sheet, we collect detailed information about your finances, like your income, expenses, assets, debts, and financial goals. We use Artificial Intelligence (AI) to analyze this information and create a personalized financial plan for you, including a one-year budget. This AI-driven approach ensures that your financial plan is accurate and tailored to your needs, helping you make smart decisions to achieve financial stability and reach your long-term goals.

Disclaimer: The information and tools provided by Building Blocs Literacy LLC are intended for educational purposes only and should not be construed as financial, legal, or tax advice. While we are financial professionals, at this time only the Executive Director/CEO, Aaron Kershaw, holds FINRA licenses to provide financial advice. He developed this system to ensure that our guidance is based on the fiduciary responsibility at the core of financial advice. Building Blocs Literacy LLC does not guarantee the accuracy, completeness, or timeliness of the information provided. Users should verify any information before relying on it and are responsible for their own financial decisions. By using our services, you agree to hold Building Blocs Literacy LLC and its employees harmless from any and all claims and liabilities that may arise from your use of the information and tools provided. Always consult with qualified financial, legal, or tax professionals before making any financial decisions.

Section 1: Client Information

Purpose: Gather basic details about the client.

- **Full Name:** _____
- **Address:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Date of Birth:** _____
- **Gender:** _____
- **Marital Status:** _____
- **Dependents:** _____

Verification: Attach a copy of a government-issued ID.

☐ Not Applicable (N/A)

Section 2: Spouse Information (if applicable)

Purpose: Collect information about the spouse.

- **Full Name:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Date of Birth:** _____
- **Gender:** _____
- **Occupation:** _____
- **Monthly Income:** _____

Verification: Attach a copy of a government-issued ID.

☐ Not Applicable (N/A)

Section 3: Household Members

Purpose: Understand the household composition.

Children:

Child 1

Name: _____
Age: _____
Gender: _____
College Plans: Yes / No
Year Attending: _____
College Savings: _____
Expected College Expenses:
- Tuition: \$ _____
- Books/Supplies: \$ _____
- Room and Board: \$ _____
- Transportation: \$ _____
- Miscellaneous: \$ _____
FAFSA Applied: Yes / No
Expected FAFSA Aid: \$ _____
Expected Financial Aid: \$ _____
Extracurricular Activities: _____
Extracurricular Expenses: \$ _____

Child 3

Name: _____
Age: _____
Gender: _____
College Plans: Yes / No
Year Attending: _____
College Savings: _____
Expected College Expenses:
- Tuition: \$ _____
- Books/Supplies: \$ _____
- Room and Board: \$ _____
- Transportation: \$ _____
- Miscellaneous: \$ _____
FAFSA Applied: Yes / No
Expected FAFSA Aid: \$ _____
Expected Financial Aid: \$ _____

Child 2

Name: _____
Age: _____
Gender: _____
College Plans: Yes / No
Year Attending: _____
College Savings: _____
Expected College Expenses:
- Tuition: \$ _____
- Books/Supplies: \$ _____
- Room and Board: \$ _____
- Transportation: \$ _____
- Miscellaneous: \$ _____
FAFSA Applied: Yes / No
Expected FAFSA Aid: \$ _____
Expected Financial Aid: \$ _____
Extracurricular Activities: _____
Extracurricular Expenses: \$ _____

Other Household Members

Name: _____
Age: _____
Gender: _____
Relation: _____
Name: _____
Age: _____
Gender: _____
Relation: _____

Child 3

Other Household Members

Extracurricular Activities: _____

Extracurricular Expenses: \$ _____

Section 4: Financial Data

Purpose: Collect critical financial information.

Income

- **Primary Income Source:** _____
- **Monthly Income:** _____
- **Additional Income Sources:** _____
- **Monthly Additional Income:** _____
- **Child Support Payments:** _____
- **Alimony:** _____

Verification: Attach recent pay stubs, tax returns, or bank statements.

☐ Not Applicable (N/A)

Expenses

Housing Expenses

Rent/Mortgage: _____

Utilities (electricity, gas, water): _____

Property Taxes: _____

Home Insurance: _____

Transportation Expenses

Car Payments: _____

Car Insurance: _____

Fuel: _____

Public Transportation: _____

Food Expenses

Groceries: _____

Dining Out: _____

Medical Expenses

Health Insurance: _____

Out-of-Pocket Costs: _____

Debt Payments

Credit Cards (Client): _____

Credit Cards (Spouse): _____

Personal Loans (Client): _____

Personal Loans (Spouse): _____

Other Debts: _____

Education Expenses

Tuition: _____

Books/Supplies: _____

Expected College Expenses: _____

FAFSA Applied: Yes / No

Financial Aid Expected: \$ _____

Insurance

Life Insurance: _____

Disability Insurance: _____

Savings Contributions

Retirement Savings: _____

Emergency Fund: _____

Other Savings: _____

Miscellaneous Expenses

Entertainment: _____

Childcare: _____

Other: _____

Child Support/Alimony

Child Support Payments: _____

Alimony: _____

Verification: Attach recent bills, receipts, or bank statements.

☐ Not Applicable (N/A)

Net Monthly Income

- Total Monthly Expenses: _____
- Net Monthly Income (Income - Expenses): _____

Debt and Savings

- Total Debt: _____
- Savings:
 - Emergency Fund: _____
 - Retirement Savings: _____
 - Other Savings: _____
- Investments: _____

Insurance Coverage

- Health Insurance Provider: _____
 - Life Insurance Provider: _____
 - Disability Insurance Provider: _____
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Section 5: Financial Goals and Concerns

Purpose: Identify the client's financial objectives and challenges.

Short-term Goals (within 1 year)

- **Goal Description:** _____
- **Target Date:** _____
- **Priority (High/Medium/Low):** _____

Repeat for each short-term goal.

Long-term Goals (more than 1 year)

- **Goal Description:** _____
- **Target Date:** _____
- **Priority (High/Medium/Low):** _____

Repeat for each long-term goal.

Financial Concerns/Obstacles

- **Concern/Obstacle Description:** _____
- **Notes:** _____

Repeat for each concern or obstacle.

Section 6: Workshops and Previous Financial Education

Purpose: Assess the client's financial literacy level.

- **Workshop/Course Attended:** _____
- **Date:** _____
- **Outcome/Skills Gained:** _____

Repeat for each workshop/course attended.

Verification: Provide certificates of completion or proof of attendance.

☐ Not Applicable (N/A)

: Workshops and Previous Financial Education

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Repeat for each workshop/course attended.

Verification: Provide certificates of completion or proof of attendance.

☐ Not Applicable (N/A)

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Purpose: Assess the client's financial literacy level.

- **Workshop/Course Attended:** _____
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Repeat for each workshop/course attended.

Verification: Provide certificates of completion or proof of attendance.

☐ Not Applicable (N/A)

Section 7: Business Financial Information

Purpose: Gather detailed business-related financial data to create a comprehensive business plan.

Business Concept

- **Business Name:** _____
- **Business Address:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Business Structure:** (e.g., LLC, Corporation, Sole Proprietorship)

- **Industry:** _____

Business Plan

- **Business Description:** _____
- **Products/Services Offered:** _____
- **Target Market:** _____
- **Market Analysis:** _____
- **Unique Selling Proposition:** _____

Financial Projections

- **Startup Costs:** _____
 - **Leasing and Renovation:** _____
 - **Equipment and Tools:** _____
 - **Initial Inventory:** _____
 - **Marketing and Advertising:** _____
 - **Miscellaneous:** _____
- **Total Startup Costs:** _____
- **Funding Sources:**
 - **Personal Savings:** _____
 - **Small Business Loan:** _____
 - **Investors:** _____
 - **Grants:** _____
- **Projected Revenue:**
 - **Monthly Revenue:** _____
 - **Monthly Expenses:** _____
 - **Monthly Profit:** _____

Marketing Strategy

- **Local Advertising:** _____
- **Online Presence:** _____
- **Community Engagement:** _____

Legal Considerations

- **Business Licenses and Permits:** _____
- **Zoning Requirements:** _____
- **Insurance Requirements:** _____

Risk Management

- **Potential Risks:** _____
- **Mitigation Strategies:** _____

Verification: Attach supporting documents, such as business licenses, permits, and financial statements.

☐ Not Applicable (N/A)

Section 8: Privacy and Legal Disclaimers

Purpose: Ensure compliance and inform the client of the terms.

Disclaimer: The financial plan provided is for informational purposes only and should not be considered as financial advice. The client should consult a financial advisor for personalized recommendations.

Client Acknowledgment: I acknowledge that the information provided is accurate to the best of my knowledge and that I have read and understood the disclaimer above.

Section 9: Signatures

- **Client Signature:** _____ **Date:** _____
 - **Spouse Signature:** _____ **Date:** _____
 - **Advisor Signature:** _____ **Date:** _____
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Instructions for Clients

1. **Complete all sections:** Ensure all information is accurate and up-to-date.
 2. **Provide supporting documents:** Attach any relevant financial documents (e.g., income statements, expense reports, debt statements).
 3. **Review and sign:** Carefully read the legal disclaimers, sign, and date the form.
 4. **Submit the form:** Return the completed intake sheet and supporting documents to your financial advisor.
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By following this comprehensive client intake sheet, Building Blocs Literacy LLC can gather detailed and accurate information to create effective and personalized financial and business plans for clients.