## 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**