



## Client Intake Form

I request business assistance from JARI/JARI Growth Fund (JGF). I agree to cooperate should I be selected to participate in surveys designed to evaluate JARI/JGF. I authorize JARI/JGF to furnish relevant information to the assigned business counselor(s), although I expect that information to be held in strict confidence by them.

I further understand that all counselors have agreed not to 1) recommend goods or services from sources in which they have an interest, and 2) accept fees or commissions developing from this counseling relationship.

I understand that there are no warranties or assurances in connection with the counseling assistance. By my signature below, and in consideration of the JARI/JGF's furnishing of technical assistance, I waive all claims against JARI and JARI Growth Fund.

**I hereby provide my express intent to be a client of JARI/JGF.**

Date: \_\_\_\_\_

Name (Print Full Name): \_\_\_\_\_ Signature: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_



While we do not use demographic information to select participants in JARI/JGF programs, or to make underwriting decisions, we do collect demographic information to better understand the communities we serve and to ensure we are providing the best possible outcomes to our participants.

**Would you like your business to be identified as being owned by:  
(Please check all that apply)**

Female  Male  LGBTQIA+

Alaskan Native  Asian  Black / African American  Hispanic / Latinx  Multiracial

Native American / Indigenous  Native Hawaiian  Other Pacific Islander  White / Caucasian

Military – Currently Serving  Veteran  Service-Disabled Veteran

Person with a Disability / Disabled Person

Something we missed: \_\_\_\_\_