

RCEF CLIENT PROFILE

Client Name: _____ Date: _____ Meeting #: _____

Office Phone: _____ Address: _____

Cell Phone: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ County: _____ Email: _____

Website: _____ Contact Time: _____ Prep Time: _____ Travel Time: _____

Referred From: _____ Referred To: _____

CLIENTS NEEDS (problem, situation, or project):

ACTUAL WORK PERFORMED BY COUNSELOR:

RECOMMENDATIONS FOR NEXT STEP:

FOLLOW-UP ACTION ITEMS (by counselor and/or client):

MILESTONES:

Business Plan

Financial Plan

Operational Plan

Marketing Plan