NETWORK GoodWORK
goodworknetwork.org

CLIENT COUNSELING / TECHNICAL ASSISTANCE

CLIENT NAME: _____ DATE: _____

COUNSELOR: _____ HOURS: _____

TYPE OF COUNSELING:

☐ INTAKE ASSESSMENT ☐ DEVELOPMENT PLAN ☐ ACCOUNTING/BOOKKEEPING ☐ BUSINESS PLAN ASSISTANCE ☐ COMPLIANCE

☐ CREDIT COUNSELING ☐ LOAN/GRANT PACKAGING ☐ MARKETING ASSISTANCE ☐ WEB SITE DEVELOPMENT

☐ OTHER_____

ISSUES/NOTES:

CLIENT ACTION: Due Date:

ADMINISTRATIVE SERVICE ACTION: Due Date:

COUNSELOR SIGNATURE _____ DATE: _____

CLIENT SIGNATURE _____ ☐ TELEPHONE SESSION