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| Rock Business strategies & solutions  **Fax Form to: (855) 270-4695**  **Attention: Taunya Rock**  **NEW CLIENT INTAKE FORM** | **RBSS** |

**Client Information**

|  |  |
| --- | --- |
| Name of Company: |  |
| Contact Person: |  |
| Phone # |  |
| Address: |  |
| Email: |  |
| Best time to reach you: |  |

**Client Intake Assessment**

|  |  |
| --- | --- |
| Are you interested in Staffing Services? | € Yes € No |
| Are you a Home Health Agency? | **€ Yes € No** |
| Are you a Hospital or Nursing Facility? | **€ Yes € No** |
| What type of Contractor are you looking for? (Select all that apply) | **€ STNA € Phlebotomist € Other Allied Health € Virtual Assistant** |
| How many Contractors do you need? (Approximately) | **#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| What other areas or services do you need assistance with? (HR, Training & Development, Virtual Assistant, Presenter) |  |
| How soon are you looking to move forward with the project? |  |
| Does your company need Training & Development Services? | **€ Yes € No** |

**RBSS thanks you for taking the time to complete the Initial Client Intake Form. Someone will be in touch with you shortly.**

**Please fax or email this Client Intake Form to:**

**Fax # (855) 270-4695**

**Email address: taunyarock@rbssoh.com**

**We look forward to speaking with you soon.**