



Akiptan
PO Box 858
408 S. Main St.
Eagle Butte, SD 57625

tel 605.301.0581
fax 605.964.8082
email info@akiptan.org
www.akiptan.org

INTAKE

Today's Date: _____

CONTACT INFORMATION

NAME (FIRST, MIDDLE, LAST):		EMAIL:	
MAILING ADDRESS:		CITY:	STATE: ZIP:
PHYSICAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS):		CITY:	STATE: ZIP:
COUNTY OF OPERATION:			
CELL PHONE:	WORK PHONE:	HOME PHONE:	
WHAT IS THE BEST WAY TO CONTACT YOU?		WOULD YOU LIKE TO BE INCLUDED ON OUR MAILING LIST FOR NEWSLETTERS?	
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail		<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU APPLYING AS AN INDIVIDUAL OR AS A BUSINESS?			
<input type="checkbox"/> Individual <input type="checkbox"/> Business			
HOW DID YOU HEAR ABOUT US?			
<input type="checkbox"/> Radio <input type="checkbox"/> Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Pamphlet <input type="checkbox"/> Bulletin <input type="checkbox"/> Email <input type="checkbox"/> Word of Mouth		<input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> LinkedIn <input type="checkbox"/> Instagram <input type="checkbox"/> YouTube <input type="checkbox"/> Other Social Media (please specify): <input type="checkbox"/> The Tribe	
		<input type="checkbox"/> An Event (please specify): <input type="checkbox"/> Community Entity (please specify): <input type="checkbox"/> Local or Regional Organization (please specify): <input type="checkbox"/> Other (please specify):	
WHERE DO YOU GET MOST OF YOUR NEWS/INFORMATION FROM?			
<input type="checkbox"/> Radio <input type="checkbox"/> Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Pamphlet <input type="checkbox"/> Bulletin <input type="checkbox"/> Email <input type="checkbox"/> Word of Mouth		<input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> LinkedIn <input type="checkbox"/> Instagram <input type="checkbox"/> YouTube <input type="checkbox"/> Other Social Media (please specify): <input type="checkbox"/> The Tribe	
		<input type="checkbox"/> An Event (please specify): <input type="checkbox"/> Community Entity (please specify): <input type="checkbox"/> Local or Regional Organization (please specify): <input type="checkbox"/> Other (please specify):	

ABOUT YOU

Our organization is frequently funded by the Federal Government and as such we request your gender and race/ethnicity in order to comply with Federal laws prohibiting discrimination against applicants seeking to participate in programs. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to complete the information below, we are required to note the race and ethnicity of applicants on the basis of visual observation or surname.

GENDER:		DATE OF BIRTH (MM/DD/YYYY):	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Refuse to answer <input type="checkbox"/> Other			
RACE/ETHNICITY (SELECT ALL THAT APPLY):			
<input type="checkbox"/> African American <input type="checkbox"/> American Indian (Tribe: _____) <input type="checkbox"/> Alaska Native (Village: _____)		<input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino or Hispanic <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> N/A	
MARITAL STATUS:			
<input type="checkbox"/> Single <input type="checkbox"/> Widowed		<input type="checkbox"/> In a relationship <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged <input type="checkbox"/> Civil Union <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Separated	



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HIGHEST EDUCATION LEVEL COMPLETED (CHOOSE ONE):		
<input type="checkbox"/> Some high school or less	<input type="checkbox"/> Some college (no degree)	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> High school diploma	<input type="checkbox"/> Associates degree or similar (vocational or technical degree)	<input type="checkbox"/> Advanced degree (master's, doctorate, etc.)
<input type="checkbox"/> GED		
EMPLOYMENT STATUS (SELECT ALL)		
<input type="checkbox"/> Regular Employment	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Unemployed
ADDITIONAL PERSONAL IDENTIFICATIONS:		
<input type="checkbox"/> Head of Household	<input type="checkbox"/> LGBTQIA+	<input type="checkbox"/> Person with a Disability
		<input type="checkbox"/> Veteran <input type="checkbox"/> N/A
HOW MANY YEARS HAVE YOU BEEN OPERATING? (IF YOU ARE A START UP OPERATION, PLEASE PUT A 0)		

OUTCOME INFORMATION		
HOUSEHOLD SIZE (NUMBER OF PEOPLE, INCLUDING CHILDREN, THAT SHARE INCOME AND EXPENSES IN YOUR HOUSEHOLD):		
_____	+	_____ = _____
Number of Adults Over 18 (including yourself)		Number of Children Under 18 Total Size of Household
GROSS ANNUAL EARNED INCOME FOR YOUR HOUSEHOLD (E.G. TOTAL WAGES, SELF EMPLOYMENT INCOME, ETC. EARNED BY YOUR HOUSEHOLD BEFORE TAXES)		
PLEASE SPECIFY WHAT TYPE OF PRODUCER YOU ARE AND WHAT PRODUCE AND/OR LIVESTOCK YOU MANAGE:		
<input type="checkbox"/> Farmer →	<input type="checkbox"/> Beans/Pulses (peas, beans, chickpeas) <input type="checkbox"/> Cereals (wheat, corn, barley) <input type="checkbox"/> Cotton <input type="checkbox"/> Fruit <input type="checkbox"/> Hay/Forage <input type="checkbox"/> Pasture/Grass <input type="checkbox"/> Oil Seeds	<input type="checkbox"/> Root/Tuber (potatoes, yams, etc.) <input type="checkbox"/> Nuts <input type="checkbox"/> Spices <input type="checkbox"/> Sugars/Starches <input type="checkbox"/> Vegetables <input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Rancher →	<input type="checkbox"/> Alpacas <input type="checkbox"/> Bison <input type="checkbox"/> Cattle: Meat <input type="checkbox"/> Cattle: Dairy <input type="checkbox"/> Chickens <input type="checkbox"/> Donkeys <input type="checkbox"/> Ducks	<input type="checkbox"/> Elk <input type="checkbox"/> Emus <input type="checkbox"/> Geese <input type="checkbox"/> Goats <input type="checkbox"/> Horses <input type="checkbox"/> Mules <input type="checkbox"/> Oxen <input type="checkbox"/> Pigs <input type="checkbox"/> Rabbits <input type="checkbox"/> Sheep <input type="checkbox"/> Turkeys <input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Foraged Products →	Please list: (nuts, plums, chokecherries, timsula, wild onions, mint, etc.)	
<input type="checkbox"/> Gardening →	Please list: (tomatoes, squash, lettuce, etc.)	
<input type="checkbox"/> Hunting/Fishing →	Please list: (examples include deer, antelope, elk, moose, whales, seals, salmon, fish, clams, quahogs, etc.)	
<input type="checkbox"/> Forestry/Fishery		
<input type="checkbox"/> Value-Added →	Please specify: (fruits made into pies or jams, meats made into jerky, tomatoes and peppers made into salsa):	
<input type="checkbox"/> Other (please specify):	_____	

¹ A beginning producer is typically someone with five or less years' management experience.



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EMPLOYEES (NOT INCLUDING YOURSELF):

HAVE YOU APPLIED FOR A LOAN IN THE PAST FIVE YEARS?

☐ Yes →

☐ No

Were you approved for the loan?

☐ Yes ☐ No ☐ I DON'T KNOW

DO YOU HAVE CONSERVATION PRACTICES ON YOUR OPERATION?

☐ Yes ☐ No

DO YOU USE RENEWABLE ENERGY?

☐ Yes →

☐ No

If yes, please check those that you use:

☐ Solar ☐ Wind ☐ Hyrdo

FINANCIAL WELLNESS

PLEASE CHECK THE BOX THAT DESCRIBES YOUR RESPONSE TO EACH STATEMENT.

I HAVE A....	YES	NO	I DON'T KNOW
Business Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash Flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Succession Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form Closing & Disclosure

The information shared through this form will be kept confidential and used only by Akiptan to better understand and support our work across Indian Country. The information provided may be used in aggregate to summarize trends or outcomes but your individual responses will not be shared. By signing this form, you acknowledge that you understand and agree to these terms.

Signature

Date