**Locator Form**

**Intake Date:
3 Month Follow Up Window:**

**6 Month Follow Up Window:**

Name Nickname(s)

What is your current address?

Street:

Apt./Room

City: State Zip Code

Whose name is on the mailbox?

Name Relationship

Home Phone Number: ( ) -

Cell Phone Number: ( ) -

What is your best mailing address?

Street:

Apt. No.

City . State Zip Code Phone No. ( ) - County
Who lives here?

Name Relationship

Do you have another phone number where you can receive phone messages? If yes, what is the name of the person who might answer the telephone?

( )

Name Phone Number

Is there a different place to leave messages if you relapse? If yes, please provide the name and phone number

Do you have any relatives who usually know how to reach you if you should move or leave the program?

Mother’s full name: Address: Phone: ( )

Cell phone: ( ) E-mail address:

Father’s full name: Address: Phone: ( )

Cell phone: ( ) E-mail address:

Relative’s full name: Address: Phone: ( ) Relationship: Cell phone: ( ) E-mail address:

Relative’s full name: Address: Phone: ( ) Relationship: Cell phone: ( ) E-mail address:

Do you have any friends who usually know how to reach you if you should move or leave the program?

Full name: Address: Phone: ( ) Relationship:

Cell phone: ( ) E-mail address:

Full name: Address: Phone: ( ) Relationship:

Cell phone: ( ) E-mail address:

Are you receiving any services at other agencies, and if so, would you share who the contact person is that you see regularly?

Name: Address:

Phone: ( ) Agency:

Is there any place you go regularly to hang out or to meet with friends when you are in recovery?

Place: Address or intersection: Times you might be there (indicate if am or pm): Friend’s names or nicknames:

Phone: ( )

Whose phone is this?

Phone: ( )

Whose phone is this?

Is there any place you go regularly to hang out or to meet with friends when you relapse?

Place: Address or intersection: Times you might be there (indicate if am or pm): Other Places in the community: Times you might be there (indicate if am or pm): Friend’s names or nicknames:

Phone: ( )

Whose phone is this?

Phone: ( )

Whose phone is this?

**INTERNET CONTACTS**

Do you have an e-mail address? Yes No

If yes, please list your e-mail address or addresses below:

1.

2.

3.

Do you use any social media websites? Yes No

If yes, please list your account usernames for any of the social media websites below:

1. Facebook username:
2. Twitter username:
3. LinkedIn username:
4. WhatsApp username:\_
5. Tumblr username:
6. Flickr username:
7. Instagram username:
8. Other social media websites used and usernames for each site:

Are you on probation, parole, or have an active court case? Yes No

(*If yes*) Agency:

I.D. Number (Department of Probation/Corrections, Case Number): Probation/Parole Officer Name: Phone: ( )

# INTERVIEWER: IF PARTICIPANT IS HOMELESS, OR HAS OFTEN BEEN HOMELESS, OBTAIN THE FOLLOWING INFORMATION:

Which shelters, parks, or underpass do you tend to use? Where did you sleep last night? (Identify location) Which restaurant, soup kitchen do you usually go to? Where did you eat yesterday?

Where do you go to buy necessities, liquor, etc.? Who do you hang out with? What’s his/her name/nickname? Where? Do you know any other (agency) workers in the area where you hang out?

Do you stay in different places in the summer vs. winter? (If yes, identify where)

Do you visit the library? Yes No Branch: When do you usually go? (i.e., times/days/season/etc.) Which part of the library do you usually visit?