

Participant Locator Form ¹

This information should be collected during an interview and completed by the counselor.

This is not a handout for clients to complete.

Date: _____

Interviewer Name: _____

Case #: _____

Interviewer Phone: _____

Suggested introductions: We would like to again thank you for volunteering to help us with the quality improvement effort. Over the next several months you may move and not remember to let us know your new mailing address. In order to assist us in contacting you, we would like to have several different avenues to use to get a message to you when it is time for the follow-up. The only information we will provide to individuals you list as contacts is that you are participating in a longitudinal customer survey and that you gave use permission to contact them to get updated contact information. If you choose, you may omit answering any of these questions.

PLEASE PRINT LEGIBLY.

1. Your full name:

_____ (_____)
First Middle (or NMN) Last (Maiden)

2. Date of Birth: ___/___/_____

3. Other names, nicknames, street names, or aliases: _____

4. Justice System State Identification Number (SID): _____

5. Residence Address: _____
(Street Address) (Apt. # or P.O. Box #)

(City, State, and Zip)

6. Do you plan to move anytime soon? _____

(If yes) Where to? _____

7. Home phone: (____)____-_____

8. Cell phone: (____) -_____.

¹ Adapted from the Locator Form found in the publication Staying In Touch: A fieldwork manual of tracking procedures for locating substance abusers for follow-up studies. Center for Substance Abuse Treatment, 1996.

9. Email address: _____

10. Facebook or Other Social Media Contact: _____

11. Mailing address - if different from residence address:

(Street) (Apt. # or P.O. Box #)

(City, State, Zip)

12. Work Phone? (____) ____-____ Employer: _____

Address: _____

Pager? (____) ____-____ (Okay to Leave Message Y __ N__)

13. Who should be contacted in case of an emergency if you were to move? Other than someone who would be moving with you?

Full Name: _____
(First) (Middle) (Last) (Relationship)
Address: _____
Phone: (____) ____-____
Email _____

14. Who would be the second person that would know how to get a message to you if you moved, other than someone who would be moving with you?

Full Name: _____
(First) (Middle) (Last) (Relationship)
Address: _____
Phone: (____) ____-____
Email _____

15. Is there a caseworker, probation officer, or other community agency or clinic that you see regularly?

Agency Name: _____

Full Name: _____
(First) (Middle) (Last) (Relationship)
Address: _____
Phone: (____) ____-____