

# Locator Form

INTAKE DATE: \_\_\_\_\_ INTERVIEWER Initials: \_\_\_\_\_

SCHEDULED 6-month FOLLOW-UP INTERVIEW DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Name \_\_\_\_\_ Nickname(s) \_\_\_\_\_

Date of birth |\_\_|\_| / |\_\_|\_| / |\_\_|\_|\_|\_| Current Age \_\_\_\_\_  
Month Day Year

Where were you born? \_\_\_\_\_

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: \_\_\_\_\_

Relative's full name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Relationship: \_\_\_\_\_

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: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell phone: ( \_\_\_\_ ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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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? \_\_\_\_\_

**INTERVIEWER: PLEASE NOTE THE FOLLOWING: (do not ask estimate)**

Approximate height: \_\_\_\_' \_\_\_\_" Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

(If possible attach photo to Locator Form)

**INTERVIEWER: PLEASE NOTE ANY PERMANENT IDENTIFYING PHYSICAL CHARACTERISTICS SUCH AS SCARS, TATTOOS, OR USE OF AIDS FOR PHYSICAL LIMITATIONS SUCH AS USING CANE, CRUTCHES, WHEELCHAIR, ETC.:**

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If appropriate (for homeless participants, for example), establish a daily pattern of routine with the participant – determine where they hang out, eat, shower, etc.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday